No. 300
10.48

FILED MAR 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9211

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 80

26 U

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cabool 1070
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Martin
c. (Last): Hartel

4. DATE OF DEATH (Month) (Day) (Year): Mar 24-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 25, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 2, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Auto Mfg.
11. BIRTHPLACE (City and State or Foreign Country): Terre Haute, Ind.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Martin Hartel
13b. MOTHER'S MAIDEN NAME: Adeline Spitz
14. NAME OF HUSBAND OR WIFE: Emma Hartel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No None
16. SOCIAL SECURITY NO.: 313106143
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Emma Hartel — ADDRESS: Rt 2 Cabool Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: Emos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
150 X

19a. DATE OF OPERATION: Mar 23-1953
19b. MAJOR FINDINGS OF OPERATION: (Biopsy) Epid Ca gr II
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 13, 1953, *to* March 24, 1953, *that I last saw the deceased alive on* March 23, 1953, *and that death occurred at* 3:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Sugarbaker, M.P.O.
23b. ADDRESS: 503 E. High St. Jefferson City Mo.
23c. DATE SIGNED: Mar. 25, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 26-1953
24c. NAME OF CEMETERY OR CREMATORY: Providence
24d. LOCATION (City, town, or county) (State): Texas County Mo

DATE REC'D BY LOCAL REG.: Mar. 25-53
REGISTRAR'S SIGNATURE: R.P. Dorris MD - NR
25. FUNERAL DIRECTOR'S SIGNATURE: Anderson - Farmer - J.C. Mo
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

APR 14 1953

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. 3641

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.