

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12934

State File No. \_\_\_\_\_

No. 300  
10. 48

FILED APR 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6090 Registrar's No. 17

970  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty</u> <u>0970</u>	
c. LENGTH OF STAY (in this place) <u>38 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles North East of Sweet Springs, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles N.E. of Sweet Springs mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>(None)</u> c. (Last) <u>HARTMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct. 30, 1879</u>
9. AGE (In years last birthday) <u>73</u>		10. AGE (In years) IF UNDER 1 YEAR: Months <u>5</u> Days <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Emma, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Fred Schweer</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Dierking</u>	14. NAME OF HUSBAND OR WIFE <u>Henry HARTMAN Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vi Payne Sweet Springs Missouri</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension + arteriosclerosis</u> ANTECEDENT CAUSES <u>Cardiovascular disease + Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Anuria, renal shut down</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Aug 1949</u> , to <u>5 Apr, 1953</u> ; that I last saw the deceased alive on <u>5 Apr, 1953</u> and that death occurred at <u>4:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ralph H. [Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Sweet Springs, Mo.</u>	23c. DATE SIGNED <u>8 Apr 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/8/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Missouri</u>
DATE REC'D BY LOCAL REG. <u>4/8/53</u>	REGISTRAR'S SIGNATURE <u>Dolly Andrew Edgar</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Moseley, Sweet Springs Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Edgar L. Moseley*

Licensed Embalmer No. *4711*

P. O. Address *Sweet Springs Mo.*

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.