

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13238**

No. 300
10.48

FILED APR 22 1953

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112A</u>		Registrar's No. <u>215</u>		
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived) (If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Scopus</u>		c. LENGTH OF STAY (In this place or township) <u>Intermittent</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Scopus</u>		0090		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles S. Sedgewickville</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles S. Sedgewickville</u>				
3. NAME OF DECEASED (Type or Print) <u>JAMES THOMAS HARTLE</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>April 5 1953</u>		(Month)		(Day)		(Year)		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>		8. DATE OF BIRTH <u>Sept 11, 1919</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moorman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedgewickville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jesse Hartle</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Seabaugh</u>		14. NAME OF HUSBAND OR WIFE <u>Mollie Seabaugh Hartle</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 <u>Melvin H. Hartle</u> ADDRESS <u>Sedgewickville</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Bronchitis</u> 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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>501X</u>				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)		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>Jan 1941</u> to <u>Apr 5th 1953</u> , that I last saw the deceased alive on <u>Apr 3rd 1953</u> , and that death occurred at <u>9:45 pm</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edw. Crites No. 10</u>				23b. ADDRESS <u>Sedgewickville Mo</u>		23c. DATE SIGNED <u>4/7/53</u>		
24a. BURIAL, CREMATION, OR DISPOSAL <u>Burial</u>		24b. DATE <u>April 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville</u>		24d. LOCATION (City, town, or county) (State) <u>Sedgewickville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Apr 9, 1953</u>		REGISTRAR'S SIGNATURE <u>Willie Van Dusen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Miller Jackson</u>		ADDRESS <u>7th</u>		

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

APR 23 1953

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 Gene C. Cracraft

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.