

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

35184

State File No. ....

FILED NOV. 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 373

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Fulton, Mo.</u>	c. LENGTH OF STAY (in this place) <u>7 MO - 22 Days</u>	c. CITY OR TOWN <u>Higginsville</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1</u>		e. STREET ADDRESS (If rural, give location) <u>1305 Main</u> <span style="float: right;"><u>0541</u></span>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Marcellus Thomas Hartman, Jr.,</u>	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>1953</u> <u>November 12, 1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Do not know</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Aullville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Marcellus Thomas Hartman,</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Tyree</u>	14. NAME OF HUSBAND OR WIFE <u>Ellen C. Hartman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Do not know</u>	16. SOCIAL SECURITY NO. <u>do not know</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of this Hospital,</u>	ADDRESS <u>Fulton, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Broncho-Pneumonia,</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Operation for removal of R. Leg</u> <u>October 23, 1953</u> DUE TO (c) <u>Gangrene of Right Foot</u>		<u>19 days</u> <u>25 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Oct. 23, 53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Gangrene of Right Foot</u>	20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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 Sept 17, 19 53, to Nov. 12, 1953, that I last saw the deceased alive on Nov. 12, 19 53, and that death occurred at 7:05 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Nichols</u> (Degree or title) <u>O.M.D.</u>	23b. ADDRESS <u>State Hospital #1, Fulton, Mo.</u>	23c. DATE SIGNED <u>11-12-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Higginsville</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo</u>
DATE REC'D BY LOCAL REG. <u>Nov. 14-1953</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. H. Fulton</u>	ADDRESS <u>Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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NOV 23 1958

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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..... Signature of Student Embalmer

Signed *W. P. Ross*

Licensed Embalmer No. *2558*  
P. O. Address *Hullon*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.