

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38303**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1271**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) 3510 Seneca Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Carl	c. (Last) Hartig	4. DATE OF DEATH (Month) (Day) (Year) December 6, 1953.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 22, 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 WKS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Butcher	10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.	11. BIRTHPLACE (State or foreign country) Marshall County, Kansas.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frederick Hartig	13b. MOTHER'S MAIDEN NAME Catherine Miller	14. NAME OF HUSBAND OR WIFE Eva Hartig
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-07-1276	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva Hartig	ADDRESS St. Joseph, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 HRS.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GANGRENE, SMALL INTESTINE		17 HRS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) STRANGULATION, HOLE IN MESENTERY DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSION		?	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **12/16/50** to **12/6/53**, 19____, that I last saw the deceased alive on **12/6/53**, 19____, and that death occurred at **7:00A** m., from the causes and on the date stated above.

23a. SIGNATURE Allen S. Herman (Degree or title) M.D.	23b. ADDRESS 706 FRANCIS, ST. JOSEPH, Mo.	23c. DATE SIGNED 12/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 8, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. Dec 10, 1953	REGISTRAR'S SIGNATURE Katherine M. Allison 485	25. FUNERAL DIRECTOR'S SIGNATURE Meisshofer-Herman, Inc	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Clarence P. Hamilton

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.