

STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1954 REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY Calloway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY OR TOWN Phinland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 67-0		e. STREET ADDRESS (If rural, give location) 0700 / 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp No 1			

3. NAME OF DECEASED (Type or Print) HUGO HENRY HARTMAN			4. DATE OF DEATH (Month) (Day) (Year) Feb 24 1954		
a. (First)	b. (Middle)	c. (Last)			

5. SEX m	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-16-1887	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 11 Days 8	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Phinland MO	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME John Hartman	13b. MOTHER'S MAIDEN NAME Palma Rappale	14. NAME OF HUSBAND OR WIFE Rosa Hartman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Records State Hospital	ADDRESS Fulton MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 22 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture left hip		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) generalized arterio sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9037 44	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fell on floor	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) State Hospital MO	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fulton Calloway MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 2 1954 1:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on floor on ward
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22. I hereby certify that I attended the deceased from **2-2-1954**, to **2-24-1954**, that I last saw the deceased alive on **2-24-1954**, and that death occurred at **3:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Fowler M.D.	23b. ADDRESS Fulton MO	23c. DATE SIGNED 2-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 26-1954	24c. NAME OF CEMETERY OR CREMATORY St. Joseph cemetery	24d. LOCATION (City, town, or county) (State) Starkenburg MO
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DATE REC'D BY LOCAL REG. Feb 24-1954	REGISTRAR'S SIGNATURE Martha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Robert Baker	ADDRESS Americus MO
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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.....
Signature of Student Embalmer

Signed *D B Baker*.....

Licensed Embalmer No. *337*.....

P. O. Address *Amelia*.....

**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.**