

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16999

State File No. _____

FILED MAY 17 1954

 BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY St Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles		
b. CITY OR TOWN St Charles		c. LENGTH OF STAY (In this place) 50 weeks	c. CITY OR TOWN St Charles		d. Is 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 335 North Main St			e. STREET ADDRESS (If rural, give location) 1535 Trendley		
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Harting c. (Last) Harting			4. DATE OF DEATH (Month) (Day) (Year) May 11 1954		
5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 13 1880		9. AGE (In years last birthday) Months Days 73 6 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Kirkwood Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Betke		13b. MOTHER'S MAIDEN NAME Pauline Wehmeyer		14. NAME OF HUSBAND OR WIFE Fred Harting	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Earl Clark 335 No. Main St		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 18 months Under
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1561			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) m.		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 Oct. 15th, 1954 , to May 11, 1954 , that I last saw the deceased alive on May 10, 1954 , and that death occurred at 7:15 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) L.C. McIntire M.D.		23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED May 12, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 14 1954	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) St Charles Mo		
DATE REC'D BY LOCAL REG May 14-1954		REGISTRAR'S SIGNATURE Frank Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Bane St Charles Mo		

(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.....
Signature of Student Embalmer

Signed... *Arthur C. Bue*

Licensed Embalmer No. *211*

P. O. Address *S. C. Church*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.