

FILED DEC 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38296

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>225</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		d. STREET ADDRESS (If rural, give location) <u>0370</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR PRONOUNCED DEAD ON ARRIVAL AT INSTITUTION <u>Phelps County Memorial Hospital</u>							
3. NAME OF DECEASED (Type or Print) <u>Otto</u>		a. (First) <u>Frank</u>		b. (Middle) <u>Hartmann</u>		c. (Last)	
4. DATE OF DEATH <u>Dec. 5 1954</u>							
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>4-30-1902</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Owensville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Hartmann</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Nebelsick</u>		14. NAME OF HUSBAND OR WIFE <u>Belvia Posey Hartmann</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>Mrs. Belvia Hartmann Owensville, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, Thoracic cavity due to crushed ribs and chest.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 Mins.</u>	
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (b) <u>Severe head injury, possible fracture</u>					
		DUE TO (c) <u>Automobile accident, thrown to pavement.</u>					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E8104 26</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. HiWay 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Saint James Phelps</u>		(STATE) <u>Mo.</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Dec. 5, 1954 11:54</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision of two passenger automobiles.</u>			
I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>Dec 12, 1954</u> , 19 <u>54</u> , and that death occurred at <u>11:30</u> hr., from the causes and on the date stated above.							
23a. SIGNATURE <u>S. L. Hill</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Rolla Missouri</u>		23c. DATE SIGNED <u>12/6/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-8-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 8, 1954</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melford N.H. White</u>		ADDRESS <u>OWENSVILLE</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1954

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 Ma

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Mulford N H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.