

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15280

BIRTH NO.		REG. DIST. NO. 381	PRIMARY REG. DIST. NO. 6185	Registrar's No. 38
1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Sullivan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union Twp. 1250		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home 13 mi SE Green City		d. STREET ADDRESS (If rural, give location) Route 3, Green Castle 2		
3. NAME OF DECEASED (Type or Print) a. (First) Raymond		b. (Middle) Francis		c. (Last) Hartzler
4. DATE OF DEATH (Month) (Day) (Year) Apr. 17, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 1, 1900	9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. farming		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Samuel Hartzler		13b. MOTHER'S MAIDEN NAME Carrie O'Haver		14. NAME OF HUSBAND OR WIFE Vesta Hartzler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-42-4035		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vesta Hartzler, Green Castle, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 week ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 Feb 15, 1953, to April 17, 1956, that I last saw the deceased alive on April 10, 1956, and that death occurred at 2:45 P.M., from the causes and on the date stated above.				
23a. SIGNATURE R.D. Smith (Degree or title) D.O.		23b. ADDRESS Green City, Mo.		23c. DATE SIGNED 4/19/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-19-1956		24c. NAME OF CEMETERY OR CREMATORY Green City Cemetery
24d. LOCATION (City, town, or county) (State) Green City, Mo.				
DATE REC'D BY LOCAL REG. 4-20-56		REGISTRAR'S SIGNATURE Mrs. M. W. Beckett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent & Son, Green City, 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 \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*Karl P. Kent*

Licensed Embalmer No. *4689*

P. O. Address. *Green City, Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.