

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**19848**

State File No. \_\_\_\_\_

**FILED JUL 16 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **33** PRIMARY REG. DIST. NO. **5184** Registrar's No. **337**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside Missouri, list city and state) OR TOWN <b>Rural, Whitewater</b>		c. CITY OR TOWN <b>Rural</b>	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) <b>79 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>4 miles W. Miller Mills Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>4 mi West Miller Mills</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>JESSE</b>	b. (Middle) <b>PETER</b>	c. (Last) <b>HARTLE</b>	(Month) <b>July</b>	(Day) <b>4</b>	(Year) <b>1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept 17, 1876</b>		
9. AGE (in years last birthday) <b>79</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>near Miller Mills Mo</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Francis M. Hartle</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Baker</b>	14. NAME OF HUSBAND OR WIFE <b>Marida Seabough Hartle</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hubert Hartle Miller Mills Mo</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		
	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 **July 12, 1956**, to **July 4<sup>th</sup>, 1956**, that I last saw the deceased alive on **July 4<sup>th</sup>, 1956**, and that death occurred at **5:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edgar Crites M.D.</b>	23b. ADDRESS <b>Seaboughville Mo</b>	23c. DATE SIGNED <b>7/6/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 7-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Russell Heights</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson Mo</b>
DATE REC'D BY LOCAL REG. <b>7-11-56</b>	REGISTRAR'S SIGNATURE <b>Elizabeth Summers Deb</b>	FUNERAL DIRECTOR'S SIGNATURE <b>A Miller</b>	ADDRESS <b>Jackson Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48  
160  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Henry C. Crawford*.....

Licensed Embalmer No. *432*.....

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

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.