

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23822

FILED JUL 25 1956

STATE FILE NUMBER 1002 Registrar's No. 2989

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lexington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran			Length of stay in lb 10 days		d. STREET ADDRESS Rural		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Goldie Middle - Last Litche				4. DATE OF DEATH Month July Day 7 Year 1956					
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 2, 1917		9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 5 Days 4 Hours 2 Min. 1		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hominy, Okla.		12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME Noah Mincher				14. MOTHER'S MAIDEN NAME Myrtle Jamison					
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. unk.		17. INFORMANT Temple Funeral Home Lexington, Mo.			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) left sided emphysema, mediastinitis and generalized peritonitis DUE TO (b) perforated esophageal ulcer DUE TO (c) hiatus hernia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Incarcerated hiatus hernia								INTERVAL BETWEEN ONSET AND DEATH 5 d 5 d 3 yr	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from 6-27-56 to 7-7-56 and last saw her alive on 7-6-56 Death occurred at 7:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Frederick H. Hartwig, MD (Degree or title)				22b. ADDRESS 701 E 63, KC Mo		22c. DATE SIGNED 7-9-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 7-9-56	23c. NAME OF CEMETERY OR CREMATORY Lexington Cemetery		23d. LOCATION (City, town, or county) (State) Lexington, Mo.				
24. FUNERAL DIRECTOR Temple Funeral Home Lexington, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 7-9-56		26. REGISTRAR'S SIGNATURE Neva Minshall		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Frederick H. Hartwig

WRITE PLAINLY—USING UNFADING BLACK INK

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Left sided emphysema, mediastinitis and generalized peritonitis				ONSET AND DEATH 5 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) perforated esophageal ulcer		DUE TO (c) Hiatus hernia				3 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Incarcerated hiatus hernia		19a. DATE OF OPERATION 7/2/56				19b. MAJOR FINDINGS OF OPERATION Incarcerated hiatus hernia	
19a. DATE OF OPERATION 7/2/56		19b. MAJOR FINDINGS OF OPERATION Incarcerated hiatus hernia		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Ann Pollak, M.D. (Degree or title)				23b. ADDRESS Trinity Lutheran Hospital		23c. DATE SIGNED 7/7/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 9 1956	24c. NAME OF CEMETERY OR CREMATORY Lexington Cemetery		24d. LOCATION (City, town, or county) (State) Lexington Mo.		
DATE RECD BY LOCAL REG. 7-9-56		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Temple Funeral Home Lexington Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

04-3-1971

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.....

Licensed Embalmer No.....

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.

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.....

Licensed Embalmer No. 3156

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.