

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

State File No. **11066**

No. 300
10.48

FILED DEC 31 1956

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u>		c. CITY OR TOWN <u>WASHINGTON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 day</u>		e. STREET ADDRESS (If rural, give location) <u>600 EAST SEVENTH ST 0362</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
<u>HERBERT FREDERICK PAUL HARTBAUER</u>				<u>DEC. 26 1956</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 24, 1905</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 Hrs. Days <u>2</u>	IF UNDER 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EXEC. PRESIDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AUTO PARTS DIST</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JEFFERSON CITY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>HENRY HARTBAUER</u>	13b. MOTHER'S MAIDEN NAME <u>WILHELMINA KOCH</u>	14. NAME OF HUSBAND OR WIFE <u>BESSIE RIEGER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>442-07-8972</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HENRY HARTBAUER WASHINGTON.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of liver several mo.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of caecum, several mo.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>153x</u>

19a. DATE OF OPERATION <u>10-10-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>General carcinoma of caecum, metastatic to liver</u>	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 9-25, 1956 to 12-25, 1956, that I last saw the deceased alive on 12-25, 1956 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. P. Wickmann, M.D.</u>	23b. ADDRESS <u>705 Elm Washington, Mo.</u>	23c. DATE SIGNED <u>12/26/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 28, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LUTHERAN CEMETERY WASHINGTON</u>
24d. LOCATION (City, town, or county) (State) <u>Washington Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Henry W. Otto Washington Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/28/56</u>	REGISTRAR'S SIGNATURE <u>J. P. Wickmann</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

99-0

NOV 20 1957

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 W. Otto*
Licensed Embalmer No. *3560*
P. O. Address *Washington*

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.