

Health, Welfare, Public Service  
 300-56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 5545

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

|   |                               |   |  |  |   |   |   |
|---|-------------------------------|---|--|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |   |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>KANSAS CITY</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3130 OLIVE STREET</b>  |                               |   | Length of stay in hospital <b>43 YEARS</b>                           |  |   | d. STREET ADDRESS <b>3130 OLIVE STREET</b>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>IDA</b> Middle <b>M.</b> Last <b>HARTWELL</b>   |                               |   | 4. DATE OF DEATH<br>Month <b>DEC.</b> Day <b>20</b> Year <b>1956</b> |  |   |   |   |
| 5. SEX <b>FEMALE</b>  | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH <b>OCT. 21. 1866</b>  | 9. AGE (In years last birthday) <b>90</b> |   | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>AT HOME</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----  |  | 11. BIRTHPLACE (City and state or country)<br><b>BUTLER, MISSOURI</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |   |
| 13. FATHER'S NAME<br><b>CLARK VERMILLION</b>  |                               |   |  | 14. MOTHER'S MAIDEN NAME<br><b>MARION BAKER</b>  |   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |                               | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  |  | 17. INFORMANT<br>Address <b>3130 OLIVE STREET KANSAS CITY MO.</b><br><b>Mrs. HELEN L. HARTWELL</b>   |   |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>General Arteriosclerosis</b>  |                               |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>15 YEARS</b>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                               | DUE TO (b)  |  | DUE TO (c)   |   | 4200  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>1) Arteriosclerotic Heart Disease</b><br><b>2) Chronic Bronchitis.</b>  |                               |   |  |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 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<br>Hour Month, Day, Year<br>a. m.<br>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 <b>April 1955</b> to <b>20 Dec. 1956</b> and last saw <sup>(her)</sup> him alive on <b>20 Dec. 56</b><br>Death occurred at <b>1:50 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                               |   |  |  |   |   |   |
| 22a. SIGNATURE <b>Philip G. Kaul M.D.</b> (Degree or title)   |                               |   |  | 22b. ADDRESS<br><b>411 Nichols Road.</b>   |   | 22c. DATE SIGNED<br><b>20 Dec. 56</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |                               | 23b. DATE<br><b>DEC. 22. 1956</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>MEMORIAL PARK CEM.</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY MISSOURI</b>                      |   |
| 24. FUNERAL DIRECTOR<br><b>D.W. NEWCOMERS SONS</b>  |                               | ADDRESS<br><b>1331 BRUSH CREEK KANSAS CITY MO.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>12-22-56</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Irene Marshall</b>  |   |

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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 *Albert H. Savage*

Licensed Embalmer No. *48*

P. O. Address *Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.