

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

835

State File No.

FILED JAN 31 1957

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4086 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SULLIVAN</u>		c. LENGTH OF STAY (in this place) <u>11 YRS.</u>	
c. CITY OR TOWN <u>SULLIVAN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GEN DEL</u>		e. STREET ADDRESS (If rural, give location) <u>GEN. DEL.</u> <u>0360</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHIA</u> b. (Middle) <u>REEVES</u> c. (Last) <u>HARTMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 23 1957</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JAN 6, 1885</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>RICHWOODS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WILLIAM BOYER</u>		13b. MOTHER'S MAIDEN NAME <u>JOHNETTE SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>ELMER HARTMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-20-4999</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELMER HARTMAN SULLIVAN, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Progressive Cerebral Sclerosis</u>				<u>2 Months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral Arteriosclerosis</u>		<u>5 yrs</u>	
		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? <u>2</u> 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) <u>334x</u>	
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 4-26, 1954, to Jan 23, 1957, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kenneth H. Scott D.O.</u>		23b. ADDRESS <u>Sullivan, Mo.</u>		23c. DATE SIGNED <u>1-25-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 28, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.O.O.F. CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.W. Eaton Sullivan, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-22-57</u>		REGISTRAR'S SIGNATURE <u>Thomas G. Danahy</u>			

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.....
Signature of Student Embalmer

Signed *J. A. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, I*

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.