

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14159

State File No.

FILED MAY 6 - 1957

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>47 yrs</u>	c. CITY OR TOWN <u>Sedalia</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED p. (First) <u>WILLIAM</u> b. (Middle) <u>FRITZ</u> c. (Last) <u>HARTMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1957</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Nov 23 1908</u>	9. AGE (In years last birthday) (Months) <u>48</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jeweler</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stover Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Watchmaker</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Henry W Hartman</u>	13b. MOTHER'S MAIDEN NAME <u>Gertrude Hays</u>	14. NAME OF HUSBAND OR WIFE <u>Jane</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>492-18-1761</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Ernest Woolery</u> ADDRESS <u>Sedalia</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>Massive Hemorrhage in chest</u>	DUE TO (b) <u>ruptured lung & vessels perforation both ANT & POST.</u>		3 Hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fractured ribs & perforation of bladder.</u>	DUE TO (c) <u>fractured ribs.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE BOMBIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Morgan Co.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident.</u>

22. I hereby certify that I attended the deceased from 5/2/57, 1957, to 5/2, 1957, that I last saw the deceased alive on 5/2, 1957, and that death occurred at 5:27 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. L. Holden DO</u>	23b. ADDRESS <u>1116 W. 3rd Sedalia Mo</u>	23c. DATE SIGNED <u>5/2/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-4-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin Bros Sedalia</u>	
DATE REC'D BY LOCAL REG. <u>54-57</u>	REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin Bros Sedalia</u>

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

541

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.....
K.P.M. Crary

Licensed Embalmer No. *3153*

P. O. Address *Sedalia*

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.