

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15989

STATE FILE NUMBER

FILED MAY 15 1957

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY WAYNE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WAYNE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIEDMONT-Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN PIEDMONT-Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ✓			Length of stay in lb 60YR		d. STREET ADDRESS (If outside, give location) Benton Swp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last CLYDE ETHELBERG HARTRUP				4. DATE OF DEATH Month Day Year MAY 4 - 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB. 19, 1885	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min. 2 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		100. KIND OF BUSINESS OR INDUSTRY FARM	
11. BIRTHPLACE (City and state or country) TIDIOWTE PENN.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME WILLIAM S. HARTRUP				14. MOTHER'S MAIDEN NAME MARY EVELYN STEEN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓			16. SOCIAL SECURITY NO. ✓		17. INFORMANT WILLIE HARTRUP		Address PIEDMONT, MO.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arctic regurgitation</u> DUE TO (b) <u>secondary anemia & suspected</u> DUE TO (c) <u>Malignancy</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>None</u>							INTERVAL BETWEEN ONSET AND DEATH
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.) <u>None</u>					
20c. TIME OF INJURY Hour Month, Day, Year <u>None</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		20f. CITY, TOWN, OR LOCATION <u>None</u>		COUNTY <u>None</u>		STATE	
21. I attended the deceased from April 28 1957 to May 4 1957 and last saw him alive on May 3 1957. Death occurred at <u>4</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Henry W. Cable DO 2</u>				22b. ADDRESS <u>Piedmont</u>		22c. DATE SIGNED <u>May 6 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>5-6-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MILE CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>PIEDMONT Mo.</u>	
24. FUNERAL DIRECTOR <u>Norman W. Fish</u>				25. DATE RECD. BY LOCAL REG. <u>May 9 - 1957</u>		26. REGISTRAR'S SIGNATURE <u>Hazel Ward</u>	

RECEIVED
MAY 10 1957
WAYNE CO. HEALTH CENTER
FILE NO. _____

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Martin E. Bowler.....

Licensed Embalmer No. 44.....

P. O. Address Redman.....

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