

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008909  
STATE FILE NUMBER 303

FILED MAR 24 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>BUCHANAN</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>DONIPHAN</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST JOSEPH</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>WATHENA</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. METHODIST Hosp.</b>		Length of stay in lb <b>6 HOURS</b>	d. STREET ADDRESS (If outside, give location) <b>R.F.D. # 1</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>KENNETH LEE HARTMAN JR.</b>			4. DATE OF DEATH Month Day Year <b>MARCH 12, 1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 12, 1953</b>		9. AGE (In years last birthday) <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) <b>WATHENA, KANSAS /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>KENNETH LEE HARTMAN, SR.</b>		13b. MOTHER'S MAIDEN NAME <b>NAIOMA COUVREY</b>		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>MR. GEORGE HARTMAN-WATHENA KANSAS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Burns, 2° &amp; 3°, 85% Body Surface</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					<b>9160 16</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Stove in his home allegedly exploded</b>			
20c. TIME OF INJURY Hour Month, Day, Year <b>6:30 a.m. March 12, 1958</b>		<b>815</b>			
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.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Rural Doniphan Kansas</b>	
21. I attended the deceased from <b>March 12, 1958</b> and last saw him alive on <b>March 13, 1958</b> Death occurred at <b>2:35 P.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>E. H. Butler M.D.</b>			22b. ADDRESS <b>Thompson - Brumby - Knapp Clinic St Joseph, Mo</b>		22c. DATE SIGNED <b>3-17-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>3/12/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ZION EVAN. &amp; REFORMED GEM.</b>		23d. LOCATION (City, town, or county) (State) <b>DONIPHAN CO. KY, KANSAS</b>
24. FUNERAL DIRECTOR <b>HARMAN FUNERAL HOME-WATHENA, KANSAS</b>		25. DATE RECD. BY LOCAL REG. <b>Mar 19 1958</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Charles M. Harmon

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.