

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017524  
State File No.

FILED JUN 2 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3007 Registrar's No. 332

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u> <u>0161</u>	
c. LENGTH OF STAY (in this place) <u>30 days</u>		d. STREET ADDRESS (If rural, give location) <u>214 Daisy St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaf Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>HARTLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Jan 29, 1867</u>		9. AGE (In years last birthday) <u>91</u>		10. MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Miller ville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Peter Hartle</u>		13b. MOTHER'S MAIDEN NAME <u>Lea Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Drum Hartle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u> (If yes, give year or date of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Essie Hartle</u> ADDRESS <u>Jackson Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mesenteric thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>arteriosclerosis</u>		10yrs	
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.) <u>4500</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 Nov 6, 1957, to May 14, 1958, that I last saw the deceased alive on May 13, 1958, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. N. Jaeger M.D.</u> (Degree or title)		23b. ADDRESS <u>Jackson, Mo</u>		23c. DATE SIGNED <u>May 16, 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>May 17, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Salem</u>	
24d. LOCATION (City, town, or county) <u>Miller ville Mo</u>		24e. (State)			

DATE REC'D BY LOCAL REG. <u>May 27, 1958</u>		REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller, Jackson Mo</u> ADDRESS	
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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 .....

Student Embalmer

Signed *Sam O'Connell*

Licensed Embalmer No. 4397

P. O. Address *London, Mo.*

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 this body is not embalmed, fact should be so stated above.