

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026390

STATE FILE NUMBER

FILED JUL 16 1958

Registration District No. 257

Primary Registration District No. 5880

Registrar's No. 31

S. 300

1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR in Gasconade river between TOWN Washington & Jefferson Twp Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN 8760 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Gasconade river Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Frank X. Hartman		4. DATE OF DEATH Month Day Year July 6, 1958	
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 14, 1921
9. AGE (In years last birthday) 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	11. BIRTHPLACE (City and state or country) Freeburg, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Steve Hartman	
14. MOTHER'S MAIDEN NAME Elizabeth Haller		15. NAME OF HUSBAND OR WIFE Bertha A. Dill Hartman	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. SOCIAL SECURITY NO. 496 40 9160	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 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"/> 2	
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.) Motor Boat Capsized throwing the above person in river	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 7:45pm		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gasconade River	
20e. CITY, TOWN, OR LOCATION 876 COUNTY Osage County, Mo.		20f. STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at Approximately 12:45pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Clyde Morton</i> (Degree or title) Coroner 3		22b. ADDRESS Linn, Mo.	
22c. DATE SIGNED July 8, 58		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/9/58	
23c. NAME OF CEMETERY OR CREMATORY Sacred Heart		23d. LOCATION (City, town, or county) (State) Richfountain, Mo.	
24. FUNERAL DIRECTOR Clyde Morton		25. DATE RECD. BY LOCAL REG. 7/8/58	
26. REGISTRAR'S SIGNATURE <i>T. C. ...</i>		26. REGISTRAR'S SIGNATURE	

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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 *Vernon M. Mostow*

Licensed Embalmer No. *4125*

P. O. Address *Levin*

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.