

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003027

STATE FILE NUMBER

2 593

FILED FEB 10 1959

Registration District No. _____ Primary Registration District No. _____

Registrar No. _____

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1-57
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY St. Louis)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Glencoe
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Deaconess Hosp		Length of stay in 1b 6 days	d. STREET ADDRESS Pond Rd.
			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) George Heman Hartman			4. DATE OF DEATH Month Jan. Day 16 Year 1959		
First	Middle		Last		

5. SEX Male	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 Dec 12 1886	9. AGE (In years past birthday) 72	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Hartman	13b. MOTHER'S MAIDEN NAME Minnie Heman	14. NAME OF HUSBAND OR WIFE Hazel Hartman
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Milton Hartman	Address Glencoe, Missouri
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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>Hypostatic Pneumonia</u> DUE TO (b) <u>Carcinoma of R. Lung</u> DUE TO (c) <u>metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH 3 days
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 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>Aug 1958</u> to <u>1-16-59</u> and last saw ^{her} him alive on <u>1-16-59</u> Death occurred at <u>11230 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>James A Meador M.D.</i>	(Degree or title) 0	22b. ADDRESS 45 Central	22c. DATE SIGNED 1-17-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-19-59	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	23d. LOCATION (City, town, or country) St. Louis Mo.	(State)
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24. FUNERAL DIRECTOR Schrader Funeral Home	ADDRESS Pallwin Mo.	25. DATE RECD. BY LOCAL REG. JAN 19'59	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>
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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 *Richard M. Boop*

Licensed Embalmer No. *4584*

P. O. Address *Bellvue, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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