

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013655

STATE FILE NUMBER

APR 28 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 178

300  
-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>INDEPENDENCE</b>		c. CITY OR TOWN <b>INDEPENDENCE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9805 E. 30TH</b>		d. STREET ADDRESS <b>9805 E. 30TH</b>	
Length of stay in lb <b>5 YRS.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>DOLORES</b> Middle <b>JEANNE</b> Last <b>HARTMAN</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>18</b> Year <b>1959</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT. 16, 1930</b>	9. AGE (In years) 18 (birthday) <b>28</b>	IF UNDER 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) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>CARL J. DOOLIN</b>	13b. MOTHER'S MAIDEN NAME <b>FLORENCE ASHBY</b>	14. NAME OF HUSBAND OR WIFE <b>ROY L. HARTMAN</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, * * * * * (If yes, * * * * * service))	16. SOCIAL SECURITY NO. <b>493-32-1130</b>	17. INFORMANT Address <b>ROY L. HARTMAN INDEPENDENCE, Mo.</b>
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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) <b>Bullet Wound Neck</b>		INTERVAL BETWEEN ONSET AND DEATH
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"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>apparently self-inflicted</b>
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20c. TIME OF INJURY Hour <b>4</b> Month <b>18</b> Day <b>59</b> Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>Independence</b>	COUNTY <b>JACKSON</b>	STATE <b>MO</b>
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>James A. Owens</b>	(Degree or title)	22b. ADDRESS <b>1034 Rio Rio Bldg</b>	22c. DATE SIGNED <b>4-20-59</b>
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23a. FUNERAL CREMATION <b>BURIAL</b>	23b. DATE <b>4/21/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	23d. LOCATION (City, town, or county) <b>KANSAS CITY</b>	(State) <b>KANSAS</b>
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24. FUNERAL DIRECTOR <b>C.H. BLACKMAN &amp; SON INC.</b>	ADDRESS <b>K.C. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-21-59</b>	26. REGISTRAR'S SIGNATURE <b>James A. Owens</b>
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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 ..... *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *K.C., 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.