

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016429

STATE FILE NUMBER

FILED MAY 7 1959 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Sikeston</b> 100-30 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Delta Comm. Hosp.</b>		Length of stay in 1b <b>2 Hrs</b>	d. STREET ADDRESS (If outside, give location) <b>218 Sikeston</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LUCINDA</b> Middle <b>L</b> Last <b>HARTZELL</b>			4. DATE OF DEATH Month <b>4</b> Day <b>23</b> Year <b>1959</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-22-1892</b>	9. AGE (In years last birthday) <b>67</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>—</b>	11. BIRTHPLACE (City and state or country) <b>Shawnee, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Lorenzo Pait</b>	13b. MOTHER'S MAIDEN NAME <b>Evelyn Hensford</b>	14. NAME OF HUSBAND OR WIFE <b>J. M. Hartzell</b>
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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)	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT <b>Charles Hartzell</b> Address <b>Sikeston, 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>Coronary thrombosis</b> DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>Diabetes mellitus, hypertension</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2-3 hrs.</b> <b>unknown</b> <b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Obesity, pulmonary edema, pneumonia</b>			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.) <b>260X</b>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 Death occurred at <b>11:50 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	to <b>4/23/59</b> and last seen alive on <b>4/23/59</b>
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22a. SIGNATURE (Dress or title) <b>Thomas Kalrip, M.D.</b>	22b. ADDRESS <b>Sikeston, Mo.</b>	22c. DATE SIGNED <b>4/28/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>4-26-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Garden of Memories</b>	23d. LOCATION (City, town, or county) (State) <b>Sikeston, Mo.</b>
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24. FUNERAL DIRECTOR <b>W. H. Hunter</b> Address <b>Sikeston, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-28-59</b>	26. REGISTRAR'S SIGNATURE <b>W. H. Hunter</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57

270

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 *Raymond L. Duff*  
Licensed Embalmer No. *4798*  
P. O. Address *Denise 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.