

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025793

X FILED VS JUL 20 1959/75

Registration District No. _____ Primary Registration District No. 3036 Registrar's No. 70

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA		Length of stay in 1b	c. CITY OR TOWN FREEMAN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AURORA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LEONA CLAUDINA HARTIN			4. DATE OF DEATH Month Day Year JULY 13-1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-10-50	9. AGE (last birthday) 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) HERFORD-TEXAS	
12. CITIZEN OF WHAT COUNTRY U.S.A.				

13a. FATHER'S NAME DALPHIE HARTIN	13b. MOTHER'S MAIDEN NAME IMA CALHOUN	14. NAME OF HUSBAND OR WIFE
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. NONE	17. INFORMANT Address Dalphia Hartin - Aurora-Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage + Convulsion		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) Comp. Conn F + S femur	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) Struck by car
20c. TIME OF INJURY Hour 7:50 -am. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <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.) Elbert St. - Aurora	20f. CITY, TOWN, OR LOCATION COUNTY STATE Aurora, Mo.
21. I attended the deceased from 7/13/59 and last saw her alive on 7/13/59		Death occurred at 8:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. A. Marshall M.D.	22b. ADDRESS Aurora Mo.	22c. DATE SIGNED 7/15/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-16-1959	23c. NAME OF CEMETERY OR CREMATORY Hilton Cemetery	23d. LOCATION (City, town, or county) (State) Crane Mo
24. FUNERAL DIRECTOR D. A. Marshall	ADDRESS Aurora-Mo.	25. DATE REC'D. BY LOCAL REG. 7-17-1959	26. REGISTRAR'S SIGNATURE Dora Mc Natt

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R Gordon Bennett

Licensed Embalmer No. *4213*

P. O. Address *Monett Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.