

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1959 366

59-043165

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 87

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Washington	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Potosi, Breton Twp.	a. STATE Missouri	b. COUNTY Washington
Length of stay in 1b 10 yrs.		c. CITY OR TOWN Potosi Rural	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home 6 mi. SE		d. STREET ADDRESS (if outside, give location) 6 mi. SE	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Henry Silas Hartzell			4. DATE OF DEATH November 27, 1959			
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 Nov. 29, 1894	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Main. (Barite Mill)		11. BIRTHPLACE (City and state or country) Cadet, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Hartzell		13b. MOTHER'S MAIDEN NAME Nancy Bell Wall		14. NAME OF HUSBAND OR WIFE Julia Hartzell		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes U.W. 1	16. SOCIAL SECURITY NO. 497-05-0749	17. INFORMANT Julia Hartzell, Potosi, Rural
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Thrombosis		
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)		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 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

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.) Sudden	20f. CITY, TOWN, OR LOCATION Potosi, Mo.	COUNTY	STATE
21. I attended the deceased from <u>Sudden</u> to <u>7 P.M.</u> and last saw him alive on <u>11/27/59</u> . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>H. Russell</i>	(Degree or title)	22b. ADDRESS Potosi, Mo.	22c. DATE SIGNED 11/28/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 30, 1959	23c. NAME OF CEMETERY OR CREMATOR St. James Cemetery	23d. LOCATION (City, town, or county) Potosi, Mo.

24. FUNERAL DIRECTOR Smith Funeral Home, Potosi, Mo.	25. DATE RECD. BY LOCAL REG. 11/28/59	26. REGISTRAR'S SIGNATURE <i>H. Russell</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 28 1959

DEC 18 1959

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

C. A. Hamel

Licensed Embalmer No.

3670

P. O. Address

Centra

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.