

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

-60-006010

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 67 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence-before admission): a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		Length of stay in 1b <b>2 hours</b>	c. CITY OR TOWN <b>SISSON COAL</b>
c. FULL NAME OF (IF NOT in hospital, city, county, or town) HOSPITAL OR INSTITUTION <b>Clinton <del>General</del> Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Coal, Missouri</b>

3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>BRUCE</b> Last <b>HARTWELL</b>			4. DATE OF DEATH Month <b>March</b> Day <b>2</b> Year <b>1960</b>	
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5. SEX <b>male</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>6/13/1891</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer &amp; Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>	11. BIRTHPLACE (City and state or country) <b>Butler, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>R. G. Hartwell</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Vermillion</b>	14. NAME OF HUSBAND OR WIFE <b>Faye L. Hartwell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes W.W.#1</b>	16. SOCIAL SECURITY NO. <b>493-12-3852</b>	17. INFORMANT <b>Faye L. Hartwell, Coal, Mo.</b>	Address
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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>cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hr</b>
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 checked="" type="checkbox"/> Unknown	
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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.)	
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Mar 2, 1960 to Mar 2, 1960 and last saw <sup>her</sup>him alive on Mar 2, 1960  
Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Hugh B. Walker, MD</b>	22b. ADDRESS <b>Clinton, Mo</b>	22c. DATE SIGNED <b>3-4-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3/4/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery,</b>	23d. LOCATION (City, town, or county) (State) <b>Holden, Missouri</b>
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24. FUNERAL DIRECTOR <b>Canaday &amp; Ropp, Holden, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Mar 4, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 15 1960

MAR 11

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 M. P. Canaday

Licensed Embalmer No. 3434

P. O. Address Holder

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.