

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010987

FILED VS APR 11 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 1818

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in 1b 3 days	c. CITY OR TOWN Higginsville, Mo	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Paul Middle - Last Hartwig			4. DATE OF DEATH Month 3rd Day 27th Year 1960	
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 2-25-92	9. AGE (last birthday) 68 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and state or country) Higginsville, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Rudolph Hartwig	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Rosa Hartwig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 7/21/18 to 1/30/49		16. SOCIAL SECURITY NO. 487 38 8572
17. INFORMANT Rosa Hartwig, Higginsville, Mo		Address V.A. Hospital Records, K.C., Mo

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) Congestive heart failure		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
DUE TO (c) Arteriosclerotic heart disease		

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 checked="" 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. <input checked="" type="checkbox"/> attended the deceased from March 24, 1960 to March 27, 1960 Death occurred at 12:55 p on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) ALBERT L. CHASSON, M.D. Albert L. Chasson	22b. ADDRESS V.A. Hospital, K.C., Mo	22c. DATE SIGNED 3-27-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-28-1960	23c. NAME OF CEMETERY OR CREMATORY Brand Cemetery	23d. LOCATION (City, town, or county) (State) Higginsville, Mo.
24. FUNERAL DIRECTOR C.H. Blackman & Son		ADDRESS 1001 N. E. Mo.	25. DATE RECD. BY LOCAL REG. 3-29-60
		26. REGISTRAR'S SIGNATURE Neve Minshall	

(Licensed Embalmer's Statement on Reverse Side)

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 W.C. Quinn

Licensed Embalmer No. 4879

P. O. Address K.E. 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.