URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 6 1960

-60-023491
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 318

NDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE — Length of stay in 1b: 40 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. IND. SAN. & HOSP. — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 1405 FRANKLIN DRIVE — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First JOSEPH Middle W. Last HARTNETT
4. DATE OF DEATH: Month JUNE Day 27, Year 1960

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: 2-6-1914
9. AGE (last birthday): 46 — 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): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: BIRMINGHAM & PROSSER PAPER CO.
11. BIRTHPLACE (City and state or country): JACKSON CO., MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILLIAM W. HARTNETT
13b. MOTHER'S MAIDEN NAME: MARY ELIZABETH FITZPATRICK
14. NAME OF HUSBAND OR WIFE: HELEN HARTNETT - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: 495-03-2613
17. INFORMANT: MRS. JOE CARROL DE SHON, Address: 1209 E.67th St. 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) Carbonmonoxide Passing
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): Did not Leave motor
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX
20a. ACCIDENT ☐ SUICIDE XX HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Found in Garage Near exhaust pipe. Car running
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year 6-27-60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garage
20f. CITY, TOWN, OR LOCATION Independence COUNTY Jackson STATE MO

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh H Owens Coroner
22b. ADDRESS: 1034 Realty Bldg
22c. DATE SIGNED: 6-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-29-60
23c. NAME OF CEMETERY OR CREMATORY: WOODLAWN CEMETERY
23d. LOCATION (City, town, or county) (State): INDEPENDENCE, MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: GEO.C.CARSON & SONS, INDEPENDENCE, MO.
25. DATE RECD. BY LOCAL REG.: 6-29-60
26. REGISTRAR'S SIGNATURE: James A Kraig

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

JUL 19 1960

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_____ Signed Raymond H. Hoe

Signature of Student Embalmer

Licensed Embalmer No. 426

P. O. Address Independen

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