

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS SEP 29 1960

**-60-034315**

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route 2</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Eula</u> Middle <u>Imogene</u> Last <u>Hartwick</u>	4. DATE OF DEATH Month <u>Sept.</u> Day <u>13</u> Year <u>1960</u>
---	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-9-1932</u>	9. AGE (last birthday) <u>28</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 24 HR Hours <u>8</u> Min. <u>00</u>
----------------------	-------------------------------	---	----------------------------------	----------------------------------	--	---

10a. USUAL OCCUPATION (Give kind of work done <u>Factory worker</u> )	10b. KIND OF BUSINESS OR INDUSTRY <u>Shirt Factory</u>	11. BIRTHPLACE (City and state or country) <u>Kennett, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Sherman Dean</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Willis</u>	14. NAME OF HUSBAND OR WIFE <u>Herman Hartwick</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Herman Hartwick, Rt. 2, Kennett, Mo.</u>	Address
--	---	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Acute Monocytic Leukemia</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs - 8 PM</u>
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 checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown

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 <u>Kennett Mo.</u>	COUNTY <u>Dunklin</u>	STATE <u>MO.</u>
--	--	--	--------------------------	---------------------

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at approximately 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Leo Dawson</u> (Degree or title)	22b. ADDRESS <u>Kennett Mo.</u>	22c. DATE SIGNED <u>9/28/60</u>
---	------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-15-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gregory</u>	23d. LOCATION (City, town, or county) <u>Near Kennett, Mo.</u>
--	-------------------------------	--	---

24. FUNERAL DIRECTOR <u>McDaniel Funeral Ser. Kennett, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-28-1960</u>	26. REGISTRAR'S SIGNATURE <u>Carl Husband</u>
---	---------	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 4 1961

VS MAY 19 1961

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 Tony L. Decherty

Licensed Embalmer No. 4-886

P. O. Address Kennett

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.