

MISSOURI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 26 1961

-61-002034

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 10

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>		Length of stay in 1b <u>2 Weeks</u>		c. CITY OR TOWN <u>Wellington</u>		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>Lexington Memorial Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2 miles west Wellington Old 24</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALVIN F. HARTWIG</u>				4. DATE OF DEATH Month Day Year <u>January 17, 1961</u>										
5. SEX <u>Male</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>January 25, 1901</u>		9. AGE (last birthday) <u>59</u>		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) <u>Building Contractor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (City and state or country) <u>Morrison, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>						
13a. FATHER'S NAME <u>Henry Hartwig</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Schieber</u>				14. NAME OF HUSBAND OR WIFE <u>Orena Hartwig</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>No</u>				17. INFORMANT Address <u>Mrs. Orena Hartwig Wellington Mo.</u>						
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>metastatic carcinoma</u>										INTERVAL BETWEEN ONSET AND DEATH <u>3 Mos.</u>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carinoma of lung, et</u>										DUE TO (c) <u>?</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 type="checkbox"/> No <input type="checkbox"/> Unknown				
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.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21. I attended the deceased from <u>12-23-60</u> to <u>1-17-61</u> and last saw him alive on <u>1-16-61</u> Death occurred at <u>3</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE <u>J. Cope</u> (Degree or title) <u>MD</u>						22b. ADDRESS <u>Lexington Mo</u>						22c. DATE SIGNED <u>1-20-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>1/21/1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Lukes</u>				23d. LOCATION (City, town, or county) (State) <u>Wellington Mo.</u>					
24. FUNERAL DIRECTOR ADDRESS <u>J. C. Sheppard Wellington, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>1-21-60</u>			26. REGISTRAR'S SIGNATURE <u>[Signature]</u>						

FEB 15 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Jr. Clair Shuppert*

Licensed Embalmer No. 4179

P. O. Address Wellington, Mo

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.