

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005359

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 544 STATE FILE NUMBER

AMENDED

FILED VS FEB 20 1961

DATE AMENDED
 V
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 F. Kirsch
 SHOULD READ
 ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY LEES SUMMIT</u>		Length of stay in 1b <u>1 YEAR</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CEDARCROFT NURSING</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2446 LAWN AVENUE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRED JOHN HARTMANN</u>			4. DATE OF DEATH Month Day Year <u>JANUARY 30 1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/21/82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BREAD SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BAKING COMPANY CHICAGO, ILL</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>78</u> Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>JACOB HARTMANN</u>		13b. MOTHER'S MAIDEN NAME <u>DORA KURTZ</u>	
14. NAME OF HUSBAND OR WIFE <u>ELIZABETH HARTMANN</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. INFORMANT <u>MRS. HATTIE WITTE</u>		Address <u>2446 LAWN AVE KANSAS CITY, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for 18a, 18b, and 18c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Kulmonary Oedema</u> DUE TO (b) <u>Enterococcal sepsis</u> DUE TO (c) <u>Cardiac Insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>1 day</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 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 checked="" 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>Nov 15, 1960</u> to <u>Jan 30, 1961</u> and last saw him alive on <u>Jan 30, 1961</u> Death occurred at <u>105 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. E. Feasch</u> (Degree or title)		22b. ADDRESS <u>Harrisonville, MO</u>	22c. DATE SIGNED <u>1/31/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>FEB. 1, 1961</u>	23c. NAME OF CEMETERY <u>LEE'S SUMMIT CEMETERY</u>	23d. LOCATION (City, town, or county) <u>LEE'S SUMMIT MISSOURI</u>
24. ADDRESS OF PREPARATOR <u>D. W. NEWCOMER'S SONS KANSAS CITY, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>2-1-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

FEB 21 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 N. B. Langford

Licensed Embalmer No. 4962

P. O. Address Leicester

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.