

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-008833

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1255 STATE FILE NUMBER

**FILED MAR 29 1961**

1. PLACE OF DEATH  
 a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Kansas** b. COUNTY **JOHNSON**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **2 HOURS**

c. CITY OR TOWN **ROELAND PARK** Inside Limits Yes  No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Continental Hotel** Inside Limits Yes  No

d. STREET ADDRESS **5055 Canterbury Road** (If outside, give location) Residence on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **EDWIN** Middle **C.** Last **HARTMAN**

4. DATE OF DEATH Month **March** Day **9** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **10/10/09** 9. AGE (last birthday) **51**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **AGENT**

10b. KIND OF BUSINESS OR INDUSTRY **FILM BOOKING**

11. BIRTHPLACE (City and state or country) **GOTHENBURG, NEB.**

12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **JAMES C. HARTMAN** 13b. MOTHER'S MAIDEN NAME **MARY E. JOHNSON**

14. NAME OF HUSBAND OR WIFE **Mary Jane Hartman**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT **MARY JANE HARTMAN ROELAND PARK, KAN.** Address **5055 CANTERBURY RD**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ventricular fibrillation & arrest INTERVAL BETWEEN ONSET AND DEATH Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease 11 years

DUE TO (c) \_\_\_\_\_

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

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  NOT WHILE AT WORK

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 Jan 26, 1952 to March 9, 1961 and last saw him alive on March 8, 1961

Death occurred at 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard L. Lehner, M.D. 22b. ADDRESS 1400 - 1103 Grand 22c. DATE SIGNED 3/10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **MAR. 13, 1961** 23c. NAME OF CEMETERY OR CREMATORY **MT. MORIAH CEMETERY** 23d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

24. FUNERAL DIRECTOR **D.W. Newcomer** 1331 Brush Creek Blvd Sons, Kansas City, Mo 25. DATE RECD. BY LOCAL REG. **3-10-61** 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF Richard L. Lehner  
 SHOULD READ  
 ITEM NO.

**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

*Raymond M. Hardy*

Licensed Embalmer No. 4913

P. O. Address Indep. 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.