

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020670
STATE FILE NUMBER

AMENDED FILED JUN 27 1961 Primary Registration District No. 4097 Registrar's No. 116

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Cass			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville		Length of stay in 1b 25 Days	c. CITY OR TOWN Lees Summit		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 308 7th. St. Terrace		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Marcella Marjorie Hartsell			4. DATE OF DEATH Month Day Year June 18 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-12-38	9. AGE (last birthday) 38	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Tulsa Oklahoma		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Walter Gilbreath		13b. MOTHER'S MAIDEN NAME Maggie ?		14. NAME OF HUSBAND OR WIFE David W. Hartsell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address D.W. Hartsell, Lees Summit, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chromonephritis bilateral DUE TO (b) Hydronephrosis DUE TO (c) Chr. Pelvic Inflammatory Disease					INTERVAL BETWEEN ONSET AND DEATH " "
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"/> 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 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 1955 to June 18, 1961 and last saw her June 18, 1961 alive on June 18, 1961 . Death occurred on 8:31 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. Harger M.D.			22b. ADDRESS Harrisonville, Mo		22c. DATE SIGNED June 19, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-21-61	23c. NAME OF CEMETERY OR CREMATORY Adrian	23d. LOCATION (City, town, or county) Adrian, Mo.		
24. FUNERAL DIRECTOR ADDRESS Six Funeral Service, Adrian, Mo.		25. DATE RECD. BY LOCAL REG. June 20, 1961	26. REGISTRAR'S SIGNATURE Mrs. Gay Sabree		

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1967

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 _____
[Handwritten Signature]

Licensed Embalmer No. 3650

P. O. Address Adrian, 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.