

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025791

STATE FILE NUMBER

AMENDED

Registration District No. 164 Primary Registration District No. 5600 Registrar's No. 94
 FILED JUL 31 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Simpson		c. CITY OR TOWN Simpson Twp.	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 15 miles N.E. of Warrensburg		d. STREET ADDRESS (If outside, give location) 15 miles N.E. of Warrensburg	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Benjamin Middle Last Hartwig		4. DATE OF DEATH Month July Day 21 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/2/97
9. AGE (last birthday) 64		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) Farm owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Higginsville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Rudolph Hartwig		13b. MOTHER'S MAIDEN NAME Frances	
14. NAME OF HUSBAND OR WIFE Katherine Hartwig		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Mrs. Katherine Hartwig		Address RD #2 Warrensburg, 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) Stokes-Adams Syndrome			INTERVAL BETWEEN ONSET AND DEATH Immediate
DUE TO (b) Arteriosclerotic coronary Artery disease			
DUE TO (c) Arteriosclerotic Cardiovascular disease			
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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
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 _____ to _____ and last saw her/him alive on DOA 7-21-61 Death occurred at 7:30 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Keith D. Jones, M.D. (Degree or title)		22b. ADDRESS Warrensburg, Mo	
22c. DATE SIGNED 7-22-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
24. FUNERAL DIRECTOR Sweeney Phillips		25. DATE RECD. BY LOCAL REG. July 22, 1961	
ADDRESS Warrensburg, Mo		26. REGISTRAR'S SIGNATURE Savannah Butchfield	

AUG 11 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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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.