

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045404

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4269 Registrar's No. 87

AMENDED

FILED DEC 21 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Corder, Mo.</u>		c. CITY OR TOWN <u>Corder</u>	
Length of stay in 1b <u>Over 30 yrs.</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>419 N Lafayette</u>		d. STREET ADDRESS (If outside, give location) <u>419 N. Lafayette</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Katherine</u> Middle <u>Claire</u> Last <u>Hartwig</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>6</u> Year <u>1961</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>3/12/1895</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Horse wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Horse wife</u>	11. BIRTHPLACE (City and state or country) <u>St. Genevieve, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jacob Seak</u>	13b. MOTHER'S MAIDEN NAME <u>Friedericka Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>Mustare Hartwig</u>
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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>none</u>	17. INFORMANT Address <u>Louis Hartwig, Corder, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Circulatory failure</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Thrombotic encephalomalacia</u> <u>Prolonged Recumbency</u>	
DUE TO (c) <u>Diabetic Arteriosclerosis</u> <u>fracture Right femur</u>		<u>6 wks</u> <u>10 yrs</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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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
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21. I attended the deceased from March 12, 1951 to Dec. 6, 1961 and last saw ^{her}_{him} alive on Dec. 5, 1961
Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Edmund Wilson D.O.</u>	22b. ADDRESS <u>1815 Main, Higginsville Mo.</u>	22c. DATE SIGNED <u>12/8/61</u>
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23a. BURIAL, CREMATION, REBURNIAL (Specify) <u>Burial</u>	23b. DATE <u>12/8/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gion Lutheran</u>	23d. LOCATION (City, town, or county) (State) <u>Corder, Mo.</u>
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24. FUNERAL DIRECTOR <u>Wiegerts-Rieckhof, Higginsville, Mo.</u>	25. DATE-RECD. BY LOCAL REG. <u>Dec. 14, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>
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ITEM NO.

BY AFFIDAVIT OF

MS DEC 26 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 Forest Reekhoff

Licensed Embalmer No. 4784

P. O. Address Higginsville, 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.