

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035266 1

STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 23

FILED OCT 9 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10510

20800

3

4 0

5 0

6

7 0

8 1

9770.0

10

11

12 3-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Length of stay in lb 3day, 16hr, 30min	c. CITY OR TOWN Sedalia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whiteman AF Base Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2
3. NAME OF DECEASED (Type or print) First Charles Middle Edward Last Hartman		4. DATE OF DEATH Month October Day 3 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 29 Sep 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --		10b. KIND OF BUSINESS OR INDUSTRY --	9. AGE (last birthday) --
13a. FATHER'S NAME Richard Tracy Hartman		13b. MOTHER'S MAIDEN NAME Donna Lee Talley	
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 RICHARD T HARTMAN, Rt 2, Sedalia, Mo.		Address --	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Kernicterus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hyperbilirubinemia DUE TO (c) Erythroblastosis			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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 29 Sep 62 to 3 Oct 62 and last saw him her alive on 3 Oct 62 Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James C Benton (Degree or title) JAMES C BENTON III MD		22b. ADDRESS USAF Hospital, Whiteman AFB, Mo.	22c. DATE SIGNED 3 Oct 62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial 10/4/62	10/4/62	I.O.O.F.Come	atterville mo
24. FUNERAL DIRECTOR Harv Painter, Atterville, Mo		25. DATE RECD. BY LOCAL REG. Oct 4-62	26. REGISTRAR'S SIGNATURE L. Beatty

OCT 17 1962

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 not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Atterville, 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.