

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010747

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 177

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 29 1963

1. PLACE OF DEATH
 a. COUNTY Cape Girardeau
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau Length of stay in 1b 5 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 623 Good Hope Street Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Cape Girardeau
 c. CITY OR TOWN Cape Girardeau Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 340 North Frederick Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
A. EARL HARTLE

4. DATE OF DEATH Month Day Year
March 22, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2/20/1895 9. AGE (last birthday) 68 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min. 1 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber 10b. KIND OF BUSINESS OR INDUSTRY Barber shop 11. BIRTHPLACE (City and state or country) Marble Hill, Mo. 12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Ross Hartle 13b. MOTHER'S MAIDEN NAME Addie Berry 14. NAME OF HUSBAND OR WIFE Hema O. Hartle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Mrs. A. Earl Hartle Address Cape Gir., Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute myocardial infarction
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary insufficiency
 DUE TO (c) Generalized arteriosclerosis
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus
 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 Month, Day, Year
 a.m. p.m.

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 10-30-58 to 3-22-63 and last saw her alive on 3-22-63
 Death occurred at 5:55 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jordan M. Kimmelly, M.D. 22b. ADDRESS Cape Girardeau, Mo. 22c. DATE SIGNED 3-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE March 24, 1963 23c. NAME OF CEMETERY OR CREMATOR Memorial Park Cem. 23d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri

24. FUNERAL DIRECTOR Walther's Funeral Home ADDRESS Cape Gir. Mo. 25. DATE RECD. BY LOCAL REG. 3-26-63 26. REGISTRAR'S SIGNATURE Jimm Kasten

VS 300
 Rev. 4/59
1168
2168
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94201
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

MAR 29 1963

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 David C. Leucy

Licensed Embalmer No. 5085

P. O. Address Cape Girardeau, 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.