

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020108

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2556

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
George O. Miles
MEDICAL CERTIFICATION

FILED MAY 20 1963	
1. PLACE OF DEATH	
a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Missouri b. COUNTY Har rison
Length of stay in 1b 2 Days	c. CITY OR TOWN New Hampton Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Lukes Hospital	d. STREET ADDRESS (If outside, give location) R.R. #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First VERA MAE	Middle xxxx HARTSCHEN
4. DATE OF DEATH 5 1 1963	
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 9/9/23
9. AGE (last birthday) 39	IF UNDER 1 YEAR 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 Domestic
11. BIRTHPLACE (City and state or country) Ringold Co. IOWA	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Clarence Wardrip	13b. MOTHER'S MAIDEN NAME Mae Marsh
14. NAME OF HUSBAND OR WIFE Oscar Hartschen	
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 Oscar Hartschen	Address New Hampton, 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)	Septic Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) perforated gangrenous ileum (4 ft.)
	DUE TO (c) mesenteric arterial embolus
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none	
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 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 April 30, 1963 to May 1, 1963 and last saw her ^{him} alive on May 1, 1963 Death occurred at 9:10 am on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (D, degree or title) George O. Miles, M.D.	22b. ADDRESS Kansas City Mo
22c. DATE SIGNED 5-2-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/3/1963
23c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery	
23d. LOCATION (City, town, or county) Albany, Missouri	
24. FUNERAL DIRECTOR NORLE FUNERAL HOME	ADDRESS New Hampton, Mo.
25. DATE RECD. BY LOCAL REG. 5-2-63	26. REGISTRAR'S SIGNATURE Arith Long

USE BLACK INK OR TYPEWRITER RIBBON

10140

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 Ernest D. Goldsnow

Licensed Embalmer No. 4714

P. O. Address KC 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.

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