

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042763
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 1

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 9 1963	
1. PLACE OF DEATH	
a. COUNTY <u>Audrain</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Ralls Co.</u> adm. (don)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>	c. CITY OR TOWN <u>Jasper Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) <u>5 miles North-2 miles South Vandalia</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <u>Richard</u>	Middle <u>Lee</u> Last <u>Hartman</u>
4. DATE OF DEATH <u>November 17, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-15-1947</u>
9. AGE (last birthday) <u>16</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) <u>Geneseo, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alpheus D. Hartman</u>	13b. MOTHER'S MAIDEN NAME <u>Lila Litwiler</u>
14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>	16. SOCIAL SECURITY NO. <u>[redacted]</u>
17. INFORMANT <u>Alpheus Hartman, Vandalia, Mo.</u>	Address
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Gunshot wound of head</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)
	DUE TO (c)
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 checked="" 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.) <u>shot gun accidentally discharged</u>	
20c. TIME OF INJURY <u>4:30 p.m.</u> Hour a.m. p.m. Month, Day, Year <u>11-17-63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>
20f. CITY, TOWN, OR LOCATION <u>Ralls Mo.</u> COUNTY STATE	
21. I attended the deceased from <u>11-17-63</u> to _____ and last saw her/him alive on _____	
Death occurred at <u>6:25 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>William W. Ashley my corner</u> (Degree or title)	22b. ADDRESS <u>Fairbry mo</u>
22c. DATE SIGNED <u>12-5-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-19-63</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>
24. FUNERAL DIRECTOR <u>Wells & Haters Vandalia, Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>December 7-1963</u>
26. REGISTRAR'S SIGNATURE <u>Alberta Edmundo</u>	

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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

Waters Funeral Home held up
this death Certificate A.E.

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 William Waters, Vandalia, Mo.

Licensed Embalmer No. 4169
P. O. Address Vandalia, 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.