

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12179

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 94

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> c. LENGTH OF STAY (in this place) <u>24 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 S. Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> d. STREET ADDRESS (If rural, give location) <u>207 S. Jefferson</u>		
3. NAME OF DECEASED (Type or Print) <u>Cathrine Ann Hartman</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1949</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 17, 1869</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u> IF UNDER 24 HRS. Hours <u>16</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sullivan County, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S.A</u>
13a. FATHER'S NAME <u>George Neiman</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Knoefer</u>	14. NAME OF HUSBAND OR WIFE <u>Edward M. Hartman</u>	
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'S SIGNATURE OR NAME ADDRESS <u>Edward M. Hartman, Windsor, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> <u>Infarctus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>440X</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>1945</u> to <u>3-5</u> , 19 <u>49</u> that I last saw the deceased alive on <u>3-5</u> , 19 <u>49</u> , and that death occurred at <u>8:30 a m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Florence Adair</u>		23b. ADDRESS <u>Windsor, Missouri</u>	23c. DATE SIGNED <u>4-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-4-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	<u>422</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Huston Turner, Windsor, Mo.</u>	

RECEIVED

District Health Officer N

District File Number 3-189

Date Filed 4-18-29

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.

Signed

William M. Turner

Signed _____

Student Embalmer

Licensed Embalmer No. 4648

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.