

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**1161**

State File No. ....

**FILED JAN 16 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 78

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Clinton Mo</u> ) c. LENGTH OF STAY (in this place) <u>FEW HRS.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN <u>Deepwater</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>0420</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Hagman</u> c. (Last) <u>Hartsock</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 11. 1956</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Dec. 6th 1871</u>
<b>9. AGE</b> (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 2 HRS. Days <u>5</u> Hours <u>Min.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Missouri</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Mathias Hagman</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Dutler</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Guy c Hartsock</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>no</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Florence Hartsock Deepwater Mo</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
<b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Longestive heart failure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>arricular fibrillation + mitral stenosis</u>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>cerebral thrombosis stroke</u>			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4341</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>1-9</u> , 195 <u>6</u> , to <u>1-11</u> , 195 <u>6</u> , that I last saw the deceased alive on <u>1-11</u> , 195 <u>6</u> , and that death occurred at <u>1:52 P.m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>		<b>23b. ADDRESS</b> <u>Clinton Mo</u>	<b>23c. DATE SIGNED</b> <u>1-11-56</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Jan. 14. 56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Deepwater Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Deepwater Mo</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>1-12-56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mildred Bigum</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>[Signature] Deepwater Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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**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.....

Licensed Embalmer No. 278

P. O. Address Dupont

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.