

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8886

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (In this place) 3 weeks	c. CITY OR TOWN Deepwater
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzels Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0400	

3. NAME OF DECEASED (Type or Print) a. (First) Virgil	b. (Middle) Hartsock	c. (Last) Hartsock	4. DATE OF DEATH (Month) (Day) (Year) April 3 1956
--	----------------------	--------------------	---

5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR <input type="checkbox"/>	IF UNDER 12 HRS. <input type="checkbox"/>
--	------------------------	--	---------------------------------	------------------------------------	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Deepwater Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	-------------------------------------

13a. FATHER'S NAME Charles H Hartsock	13b. MOTHER'S MAIDEN NAME Nancy Prouse	14. NAME OF HUSBAND OR WIFE Emma Hartsock
---------------------------------------	--	---

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. 490,42,814?	17. INFORMANT'S SIGNATURE OR NAME Mrs Emma Hartsock	ADDRESS Deepwater Mo
--	-------------------------------------	---	----------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardio respiratory arrest</i>		
	ANTECEDENT CAUSES -- Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>overwhelming toxemia ulcerative colitis &amp; plebthrombosis</i> DUE TO (c) <i>plebthrombosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) m.	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 Mar 1, 1956, to 4-3, 1956, that I last saw the deceased alive on 4-3, 1956, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>W. J. ...</i> (Degree or title) D.O.	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 4-4-56
--	-------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 5 56	24c. NAME OF CEMETERY OR CREMATORY Deepwater Cemetery	24d. LOCATION (City, town, or county) (State) Deepwater MO
--	----------------------	---	--

DATE REC'D BY LOCAL REG. 4-4-56	REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hurst, Janssen Funeral Home Deepwater Mo
---------------------------------	--	---

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

SEP 11 1957

---

---

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 *Melvin L. Janssen*  
Licensed Embalmer No. *457*

P. O. Address *Appleton*

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.