

FILED OCT 14 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER
68 0036570

CERTIFICATE OF DEATH

Registration District No. 131 Primary Registration District No. 3023 Registrar's No. 234DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

9. 1
10a. 86
10b. 1
11. 0
12. 2
13. 4369
14. 60425
15. 4
16. 0
17. 0
19. CREDITS
20. 1-0

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. EMILY		JANE	HARTSOCK	Female	October 8, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		3d 86	5d	6d	July 26, 1882		7a. Henry
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Clinton		7c. Yes		7d. Clinton General Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. U.S.A.		10. Widowed		11. - -	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
17. 499-42-9103		13a.		13b.			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14. Missouri		14b. Henry	14c. Clinton		14d. Yes		14e. 512 S. Main
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Richard		P.	Montgomery	16.	Mary		
17. Irvin							
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17b. Mrs Louise Riead		17c. 513 E. Franklin, Clinton, Mo. 64735					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18		IMMEDIATE CAUSE (a) Cerebro-vascular accident					14 hrs
DOE TO, OR AS A CONSEQUENCE OF:		(b) Hypertoid arteriosclerosis					Many years
CONDITIONS, IF ANY, WHICH CAUSE OR HELP TO IMMEDIATE CAUSE (a), STAFFING THE UNDERLYING CAUSE LAST		(c) A.S.H. 60					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		Postoperative Fracture Rt Femur 9-26-68				AUTOPSY (YES OR NO) OF DEATH	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. Postoperative Fracture Rt Femur		9-26-68				19b. No	19c. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.	20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE (HOUR) DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. 9-26-68		21b. 10-8-68		21c. 10-8-68	21d. 8:30 A		21e. 8:30 A
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR		HOUR	
22a. 8:30 A		22b. 10-8-68		22c. 10-8-68		22d. 8:30 A	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Richard H. King M.D.		23b. Richard H. King M.D.		23c. 10-10-68		23d. 10-10-68	
MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE		ZIP	
23e. Richard H. King M.D.		23f. 106 S. 3rd		23g. Clinton Mo		23h. 64735	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
24a. Burial		24b. Deepwater		24c. Deepwater, Missouri			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Oct 10, 1968		24e. Consalus, 209 S. 2d St. Clinton, Missouri 64735					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. C. F. Consalus		25b. Mildred Bignard		25c. Oct. 10, 1968			

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

FEB 28 1969

October 8, 1968

White Clinton Missouri 650-2-2100
Clinton Missouri 650-2-2100
Clinton Missouri 650-2-2100
Clinton Missouri 650-2-2100

3-5-68

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 Eugene R. Conover

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Dec. 10, 1968
Clinton, Missouri 650-2-2100

Form not returned 10-10-68