

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14319

State File No.

FILED APR 23 1957

REG. DIST. NO. 449-297

PRIMARY REG. DIST. NO. 6024 Registrar's No. 48

BIRTH NO. _____		REG. DIST. NO. 449-297		PRIMARY REG. DIST. NO. 6024		Registrar's No. 48	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Ray</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Ray</u>		admission).	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Dalk</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Lawson</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				STREET ADDRESS (If rural, give location) <u>0890</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>JOEL</u>	b. (Middle) <u>CALVIN</u>	c. (Last) <u>HARTMAN</u>	DEATH <u>APRIL 10 1957</u>		(Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 21 1896</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pull Gas & oil</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bates Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>John C. Hartman</u>	13b. MOTHER'S MAIDEN NAME <u>Roletta Dautel</u>	14. NAME OF HUSBAND OR WIFE <u>Olma 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>447-14-9025</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Olma Hartman - Lawson 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, 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) <u>ACCIDENTAL DEATH</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>GUN SHOT WOUND</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS		9199	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>43</u>	20. AUTOPSY? <u>2</u> 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) <u>333</u> (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Olma B. Cook, M.P., Coroner 3</u>	23b. ADDRESS <u>Richmond, Missouri</u>	23c. DATE SIGNED <u>4/10/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 12 '57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>
DATE REC'D BY LOCAL REG. <u>April 15-1957</u>	REGISTRAR'S SIGNATURE <u>Glyde A. Bridges</u>	24d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Yarman - Prichard Lawson Mo.</u>		

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

MAY 27 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 *Lindell Jarman*.....
Licensed Embalmer No. *489*.....
P. O. Address *Excelsior Spring 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.