

FILED DEC 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42050

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6024 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Ray Co
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Polk
c. LENGTH OF STAY (In this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ray
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Polk
d. STREET ADDRESS (If rural, give location) 0890

3. NAME OF DECEASED
(Type or Print) a. (First) LEONARD b. (Middle) EDWARD c. (Last) HARTMAN
4. DATE OF DEATH (Month) (Day) (Year) Dec. 7 '54

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Mar. 25 1878 9. AGE (In years last birthday) 76 10. IF UNDER 1 YEAR Months 8 11. IF UNDER 12 HRS. Days 12

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

13a. FATHER'S NAME John W. Hartman 13b. MOTHER'S MAIDEN NAME Lestina Page 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs Orva Southwick, Ex-Sp. Mo ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3rd degree Burns
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) House Burned & he
DUE TO (c) was in house
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. E9160
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19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Farm home 21c. (CITY, TOWN, OR TOWNSHIP) Ray (COUNTY) Ray (STATE) Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-7-54-9:00 a.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? unconscious

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) John T. Baker, Attorney 23b. ADDRESS Richmond Mo 23c. DATE SIGNED 12-7-54

24. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec. 9 1954 24c. NAME OF CEMETERY OR CREMATORY Union Cemetery 24d. LOCATION (City, town, or county) (State) Ray Co Mo

DATE REC'D BY LOCAL REG. Dec. 8, 1954 REGISTRAR'S SIGNATURE Mrs. Raymond Groves 364. FUNERAL DIRECTOR'S SIGNATURE Jarman - Prichard Lawson Mo ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

890

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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

Student Embalmer

Signed

Louise Jarman

Licensed Embalmer No. *4589*

P. O. Address *Wellspring Dr.*

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.