

5. No. 300  
V. 10.48

36892

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6024 Registrar's No. ....

0890

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

1. PLACE OF DEATH a. COUNTY <u>Ray County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles E. Lawson Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles E. Lawson Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles E. Lawson Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>JANE</u> c. (Last) <u>HARTMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 15 1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Ray Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Harrison Calmenger</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Titus</u>		14. NAME OF HUSBAND OR WIFE <u>Leonard Edward Hartman</u>	
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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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L.E. Hartman</u>		ADDRESS <u>Lawson Mo</u>	
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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>Coronary Thrombosis</u>								
ANTECEDENT CAUSES			DUE TO (b) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death. <u>Enteric schistosomiasis</u>					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0 0 0</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0 0 0 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>	
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22. I hereby certify that I attended the deceased from Jan. 1952, 1952, to Oct. 13, 1953, that I last saw the deceased alive on Oct. 12, 1953, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.P. M. Crisler M.D.</u>		23b. ADDRESS <u>Excelsior Springs Mo.</u>		23c. DATE SIGNED <u>10-13-53</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 15 '53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ray Co Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Oct. 15 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond K. Grove</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Garman, Richard</u>		ADDRESS <u>Lawson Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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 this body is not embalmed, fact should be so stated above.