

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32801**BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4373** Registrar's No. **251**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Barnard		c. CITY OR TOWN Barnard	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 yrs.		e. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JULIA	b. (Middle) ANNA	c. (Last) HARTMAN	(Month) 10	(Day) 3	(Year) 57
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/18/75		9. AGE (In years) Last birthday 82
10a. USUAL OCCUPATION (Of kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Maryville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nicholas Kill		13b. MOTHER'S MAIDEN NAME Sarah Bohannon		14. NAME OF HUSBAND OR WIFE Nicholas Hartman	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Lane, Barnard, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		DUE TO (b) _____			sudden
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Dietary indiscretions			1 week
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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) (Min)		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 **15 Oct. 1957**, to **Oct. 3, 1957**, that I last saw the deceased alive on **3 Oct. 1957**, and that death occurred at **6:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. J. Humbert, M.D.		23b. ADDRESS Barnard, Missouri		23c. DATE SIGNED Oct 7 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/6/57		24c. NAME OF CEMETERY OR CREMATORY Graham	
24d. LOCATION (City, town, or county) (State) Graham, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			
DATE REC'D BY LOCAL REG. 10-12-57		REGISTRAR'S SIGNATURE Bess Holt			

(Licensed Embalmer's Statement on Reverse Side)

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

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