

FILED OCT 21 1957

STANDARD CERTIFICATE OF DEATH

34882

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1093

300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Barnard</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #2</u>			Length of stay in lb <u>12 days</u>			d. STREET ADDRESS (If outside, give location) <u>none</u>	
3. NAME OF DECEASED (Type or print) First <u>Nicholas</u> Middle <u>Edward</u> Last <u>Hartman</u>				4. DATE OF DEATH Month <u>10</u> Day <u>14</u> Year <u>57</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>12/5/72</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>			11. BIRTHPLACE (City and state or country) <u>Graham, Mo.</u>	
13. FATHER'S NAME <u>George Hartman</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Helzer</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>none</u>		17. INFORMANT Address <u>Mrs. Mary Lane, Barnard, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gastric hemorrhage</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Ukn</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Oct. 14, 1957</u> to <u>Oct. 14, 1957</u> and last saw <u>him</u> <input checked="" type="checkbox"/> alive on <u>10/14/57</u> Death occurred at <u>5:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. Price M.D.</u>				22b. ADDRESS <u>State Hosp #2 St Joseph Mo</u>		22c. DATE SIGNED <u>10-14-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>10/16/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Graham</u>		23d. LOCATION (City, town, or county) (State) <u>Graham, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Price Funeral Home, Meryville, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Oct. 15, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>		

(Licensed Embalmer's Statement on Reverse Side)

4 0

NOV 20 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 *Clin M. Price*

Licensed Embalmer No. *189*

P. O. Address *Maryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.