

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16387

State File No.

FILED JUN 4 1957

| | | | | | | | | | |
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| BIRTH NO. | | REG. DIST. NO. <u>47</u> | | PRIMARY REG. DIST. NO. <u>5169</u> | | Registrar's No. <u>132</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Nine Mile Twn</u> | | c. LENGTH OF STAY (in this place) <u>3 1/2</u> | | c. CITY OR TOWN <u>Near Mineola Mo</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>none</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> | | | b. (Middle) <u>Hart</u> | | c. (Last) <u>Hart</u> | | | | |
| 4. DATE OF DEATH <u>May 27 th 1957</u> | | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | |
| 8. DATE OF BIRTH <u>3-30-1888</u> | | | 9. AGE (In years last birthday) <u>69</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | | IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>DK</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery Co Mo</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u> | |
| 13a. FATHER'S NAME <u>Milo Hart</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Nunnely</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>498-12-6198</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Charlie Fry Mineola Mo</u> | | | ADDRESS | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial decompensation</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u> | |
| ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | | | DUE TO (b) <u>Coronary thrombosis</u> | | | | Sev. mos. | |
| DUE TO (c) <u>Arteriosclerosis</u> | | | | Sev. yrs. <u>XX</u> | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic hypertension,</u> | | | | | | | | | |
| 19a. DATE OF OPERATION <u> </u> | | 19b. MAJOR FINDINGS OF OPERATION <u> </u> & arthritis <u>4201</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u> </u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 14 1954</u> , to <u>May 27</u> , 1957, that I last saw the deceased alive on <u>April 27 1957</u> , and that death occurred at <u>9:00 p m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>O. A. Thompson</u> (Degree or title) <u> </u> | | | | 23b. ADDRESS <u>New Lawrence Mo</u> | | | 23c. DATE SIGNED <u>May 28, 1957</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5.31. 1957</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>HIGH POINT CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>CALLAWAY CO MO</u> | | | |
| DATE REC'D BY LOCAL REG. <u>May 28 1957</u> | | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u> </u> ADDRESS <u>MONTGOMERY CITY MO</u> | | | | |

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

426

0140

(Licensed Embalmer's Statement on Reverse Side)

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 On the 27 th day of May 1957, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C.W. HOPKINS
C.W. HOPKINS
Licensed Embalmer No. I487

Montgomery City Mo
P. O. Address.....

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. 5881-38-2