

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Johnson 11503*

BIRTH NO.		REG. DIST. NO. <i>38</i>		PRIMARY REG. DIST. NO. <i>5120</i>		Registrar's No. <i>105</i>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <i>Boone</i>		b. CITY (If outside corporate limits, write RURAL and give township) <i>Columbia</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Boone</i>	
c. CITY (If outside corporate limits, write RURAL and give township) <i>Columbia</i>		OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) <i>Columbia</i>		OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Route 2 /</i>				d. STREET ADDRESS (If rural, give location) <i>Route 2</i>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <i>LEWIS</i>		b. (Middle) <i>LEONIDAS</i>	c. (Last) <i>HART</i>		(Month) (Day) (Year)		<i>April 15, 1949</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Mar. 24, 1868</i>		9. AGE (In years last birthday) <i>81</i>	IF UNDER 1 YEAR Months Days	IF UNDER 6 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Boone County, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Jesse L. Hart</i>		13b. MOTHER'S MAIDEN NAME <i>Isabelle Brown</i>		14. NAME OF HUSBAND OR WIFE <i>Mae Meridith Hart</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. L.L. Hart, Route 2, Columbia, Mo.</i>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage,</i>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <i>Spontaneous, non-traumatic / mo.</i>					
		DUE TO (b) <i>Generalized Arteriosclerosis / hypertension</i>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS <i>21X</i>					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>5'</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)		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 <i>12-1-1948</i> to <i>4-15, 1949</i> , that I last saw the deceased alive on <i>4-1, 1949</i> , and that death occurred at <i>11:45 AM</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Roland P. Edmund MD</i>				23b. ADDRESS <i>16 N. 10th Columbia</i>		23c. DATE SIGNED <i>4-16-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Apr. 17, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Columbia, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>April 16 1949</i>		REGISTRAR'S SIGNATURE <i>Mrs. R.E. Palmer</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Parson Funeral Service</i>		ADDRESS <i>Columbia, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Director Health Officer No. 9,
District File Number
Date Filed APR 19 1949

MAY 3 1949

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.

Signed _____

Tom McHarg

Signed _____
Student Embalmer

Licensed Embalmer No. *4867*

P. O. Address *Columbia 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.