

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11795

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4096		Registrar's No. 52		
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Freeman</u>		c. LENGTH OF STAY (in this place) <u>Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Freeman</u> <u>Mo.</u>		OR TOWN <u>Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) <u>EDWIN</u>			a. (First) <u>C</u>		b. (Middle) <u>HART</u>		c. (Last)	
4. DATE OF DEATH <u>Apr 15 1949</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 2 1865</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR: Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Natural Gas</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>New Albany Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Geo. M. Hart</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann McAfferty</u>		14. NAME OF HUSBAND OR WIFE <u>Adda Hart</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms. Bernice L. Phillips - 1125 Douglas - Des Moines</u>				
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>carcinoma of spine</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>primary seat undetermined</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1960</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 Months</u>						
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) _____		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 <u>Jan 1</u> , 1949 to <u>April 15</u> , 1949, that I last saw the deceased alive on <u>Jan 1</u> , 1949, and that death occurred at <u>6:45</u> p. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. F. Kettley, M.D.</u>				23b. ADDRESS <u>Harrisonville, Mo.</u>		23c. DATE SIGNED <u>4-16-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Apr 17 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman</u>		24d. LOCATION (City, town, or county) (State) <u>Mo. Freeman</u>		
DATE REC'D BY LOCAL REG. <u>April 18, 1949</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barnumburgis Harrisonville</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4819
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776.

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

Ernest R. Kumbarger

Licensed Embalmer No. *3368*

P. O. Address

Harrisonville 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.