

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15533**
Registrar's No. **467**

FILED JUN 6 1949

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

BIRTH NO. _____		REG. DIST. NO: 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 467	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 11 H P		c. CITY (If outside corporate limits, write RURAL and give township) Ava			
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Harry			b. (Middle)			c. (Last) Hart	
4. DATE OF DEATH (Month) (Day) (Year) 5 27 1949		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH 7 31 1903		9. AGE (In years last birthday) 45		10. UNDER 1 YEAR Months		11. UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Ava, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Bud Hart			13b. MOTHER'S MAIDEN NAME Hattie Archer			14. NAME OF HUSBAND OR WIFE None	
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 Hattie Hart		ADDRESS Ava, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture				INTERVAL BETWEEN ONSET AND DEATH 11 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				89.121 3	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of clavicles bilateral of Sternum				11 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ava Douglas Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 27 1949 10A.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Run over by farm tractor			
22. I hereby certify that I attended the deceased from May 27, 1949 , to May 27, 1949 , that I last saw the deceased alive on May 27, 1949 , and that death occurred at 9:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. G. Gentry M.D.				23b. ADDRESS Med Arts Bldg Spfld Mo.		23c. DATE SIGNED 5-27-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-31-49		24c. NAME OF CEMETERY OR CREMATORY Fannin		24d. LOCATION (City, town, or county) (State) Ava Missouri	
DATE REC'D BY LOCAL REG. 6-1-49		REGISTRAR'S SIGNATURE W. S. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home Ava, Mo			

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 Charles R. Fitch

Licensed Embalmer No. 4662

P. O. Address Ann, 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.