

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 13 1949

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>5590</u>		Registrar's No. <u>34</u>			
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Big River</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Big River</u>		50			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STAR Route - DeSoto</u>				d. STREET ADDRESS (If rural, give location) <u>STAR Route - DeSoto</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>HART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1949</u>						
5. SEX <u>M</u> <u>D</u> <u>W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec. 18 - 1889</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROUNDMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elec. CONSTR.</u>		11. BIRTHPLACE (State or foreign country) <u>Reynolds Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William HART</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH COUNTS</u>		14. NAME OF HUSBAND OR WIFE <u>DORA HART</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>498-12-8425</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DORA HART</u>		ADDRESS <u>DeSoto, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> (VERDICT OF JURY) WE THE JURY FIND MR. LOUIS HART CAME TO HIS DEATH BY NATURAL CAUSES JULY 23, 1949 DUE TO (b) <u>TO HIS DEATH BY NATURAL CAUSES JULY 23, 1949</u> DUE TO (c) <u>CAUSES JULY 23, 1949</u>				INTERVAL BETWEEN ONSET AND DEATH <u>120</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural Death</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Injury</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>DESOTO JEFFERSON MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JULY 23 1949 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No Injury</u>					
22. I hereby certify that I attended the deceased from <u>INVEST, 19 JULY, 1949</u> , 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Naniel J. Mahan 3 Coronary Off.</u>				23b. ADDRESS <u>DeSoto, Mo.</u>		23c. DATE SIGNED <u>7/23/49</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>REM. + BUR.</u>		24b. DATE <u>7-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dowdy</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-26-49</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>		141 25. FUNERAL DIRECTOR'S SIGNATURE <u>See Mathushek</u>		ADDRESS <u>DeSoto, Mo.</u>			

RECEIVED
AUG 12 1949
District Health Officer No. 9,
District File Number

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 _____

Andrew H England

Student Embalmer No. *232*

working under my personal supervision.

Signed *J. Lee Mathershead*
Licensed Embalmer No. *3531*

Signed
Student Embalmer

P. O. Address *De Soto, 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.