

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25839

BIRTH NO. _____ REG. DIST. NO. 357 PRIMARY REG. DIST. NO. 6211 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Texas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Texas (10)</u>		
b. CITY OR TOWN <u>Rural - Roubidoux Twp.</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 life</u>	c. CITY OR TOWN <u>Rural Roubidoux Twp.</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>LUENNA</u> c. (Last) <u>HART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 1949</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 2 1878</u>	9. AGE (In years last birthday) <u>70</u>	if UNDER 1 YEAR Months <u>9</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>mo.</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Jesse Bray</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jensen</u>		14. NAME OF HUSBAND OR WIFE <u>R. V. 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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. V. Hart Plato mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction, Supraventricular</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular disease</u>			
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			<u>4 1/2</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 May 2, 1949 to June 6, 1949, that I last saw the deceased alive on June 6, 1949 and that death occurred at 1034 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. W. Mallett, M.D.</u>		23b. ADDRESS <u>Cooper, Mo</u>		23c. DATE SIGNED <u>6-8-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wm. Progab</u>	24d. LOCATION (City, town, or county) (State) <u>Texas co. mo</u>		
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DATE REC'D BY LOCAL REG. <u>June 25, 1949</u>	REGISTRAR'S SIGNATURE <u>Osman Dickert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rayford V. Elliott Cabool mo</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7/6/49
District Health Officer No. 5,
District File Number 749491
Date Filed 7-14-49

Recd
7/2/49
11:30

AUG 10 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.....

Gaylord V. Elliott

Signed.....
Student Embalmer

Licensed Embalmer No. 2252

P. O. Address Cabool, 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.