

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35211**

9061

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1112^a N. 20th St				d. STREET ADDRESS (If rural, give location) 27 - 1112a N. 20th Street				
3. NAME OF DECEASED (Type or Print) a. (First) Hardy b. (Middle) _____ c. (Last) Harts			4. DATE OF DEATH (Month) (Day) (Year) 10 - 17 - 1949					
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 28, 1888		
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 9 Days 19		IF UNDER 12 HOURS Hours 1 Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher			10b. KIND OF BUSINESS OR INDUSTRY Swift Packing		11. BIRTHPLACE (State or foreign country) Coffeeville, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Roland Harts			13b. MOTHER'S MAIDEN NAME Rosa		14. NAME OF HUSBAND OR WIFE Gertrude Harts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. 327-03-0828		17. INFORMANT'S SIGNATURE OR NAME Gertrude Harts ADDRESS 1112a N. 20th St.			
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 day under	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102				
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? 331X				
22. I hereby certify that I attended the deceased from 3 hrs - , 1947 , to 17 Oct , 1949 , that I last saw the deceased alive on 16 Oct , 1949 , and that death occurred at 12:15 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M. A. Unelle M.D.				23b. ADDRESS 3524 Franklin		23c. DATE SIGNED 19 Oct 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/20/49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Coffeeville, Miss.		
DATE REC'D BY LOCAL REG. OCT 21 1949		REGISTRAR'S SIGNATURE J. H. Randle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell Ave.				

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

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

J. J. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769 Chautauque*

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.