

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37053

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4834

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>26 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4039 MCGEE STREET</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
		d. STREET ADDRESS (If rural, give location) <u>4039 MCGEE STREET</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OTIS</u>	b. (Middle) <u>PUGH</u>	c. (Last) <u>HART</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV - 15 - 1950</u>
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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 15, 1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIANO TUNER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>JENKINS Music Co.</u>	11. BIRTHPLACE (State or foreign country) <u>WAVERLY, Illinois</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE W. HART</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SIMS</u>	14. NAME OF HUSBAND OR WIFE <u>JENNIE V. HART</u>
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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>487-01-6582</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. JENNIE V. HART</u>	ADDRESS <u>4039 MCGEE STREET KANSAS CITY, MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>50<sup>2</sup></u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS -- Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Apr. 20, 1949, to Nov. 15, 1950, that I last saw the deceased alive on Nov. 4, 1950, and that death occurred at 9:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>George C. Lee</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1103 Grand Ave. K. C. Mo.</u>	23c. DATE SIGNED <u>11/16/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-17-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u>	ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>
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9:45-11:30 a.m.

**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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

*Charles H. Stickeney*

Signed.....  
Student Embalmer

Licensed Embalmer No. 45-60

P. O. Address R.P. Inc

**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.