

No. 300
10-48

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4767
710

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE NEBRASKA b. COUNTY ADAMS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HASTINGS	
d. FULL NAME OF HOSPITAL OR INSTITUTION UNION STATION, K.C.MO.		d. STREET ADDRESS (If rural, give location) 602 EAST 2ND STREET	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) H.	c. (Last) HART	4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 14, 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 11, 1862	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY CIGAR MAKER	11. BIRTHPLACE (State or foreign country) PEORIA, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOSEPH HART	13b. MOTHER'S MAIDEN NAME ANNA KIPP	14. NAME OF HUSBAND OR WIFE MRS. MARYA. HART (DECEASED)
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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) NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. E. W. SWARTZ, 646 W. ELM, OLATHE, KS.
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized		
	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 checked="" 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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE, Geo. C. Kealhofer (Degree or title) GWC Seal for Deputy Coroner	23b. ADDRESS 4050 Broadway SC Mo	23c. DATE SIGNED 2-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 2/14/51	24c. NAME OF CEMETERY OR CREMATORY OLATHE, KANSAS	24d. LOCATION (City, town, or county) (State) OLATHE, JOHNSON KANSAS
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DATE REC'D BY LOCAL REG. 2-15-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. E. JULIEN OLATHE, KANSAS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

Chester L. Flaming

Licensed Embalmer No. *4569*

P. O. Address *Altoona Pa*

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.