

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32862

FILED NOV 14 1951

319 State File No. _____

BIRTH NO. _____ REG. DIST. NO. 51 PRIMARY REG. DIST. NO. 3011 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARROLL</u>	
b. CITY OR TOWN <u>Bogard</u> c. LENGTH OF STAY (In this place) <u>ALL HERE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard Mo. 01711</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MT</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	

3. NAME OF DECEASED (Type or Print): a. (First) <u>MINNIE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>HART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Feb-1-1890</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR: Days <u>8</u> Hours <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>THOMAS MATTOX</u>		13b. MOTHER'S MAIDEN NAME <u>MARY STILES</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Y. Hart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>7824</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.Y. Hart</u> ADDRESS <u>Bogard 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart collapse</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>(Heart muscles)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>7824</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____	
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 Aug 28, 1951 to Aug 28, 1951, that I last saw the deceased alive on Aug. 28, 1951, and that death occurred at 2:25 PM from the causes and on the date stated above.

23a. SIGNATURE <u>R. Hamilton</u> (Degree or title) _____		23b. ADDRESS <u>Stanton Mo</u>		23c. DATE SIGNED <u>Aug 29</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT-30-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ebenezer</u>	
24d. LOCATION (City, town, or county) (State) <u>Bogard Mo. 31</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. Dickerson</u>		ADDRESS <u>Bogard Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/30/51</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>		450	

(Licensed Embalmer's Statement on Reverse Side)

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

0170

NOV 7 1951



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 Ed. Decker

Licensed Embalmer No. 2534

P. O. Address Boyd 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.