

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33176

State File No. ....

LED OCT 15 1951

BIRTH NO. 70823-51 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 854

1396

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Springfield, Mo.</u>		c. CITY OR TOWN <u>Springfield</u> <u>1396</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>810 W Walnut</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Lee</u> c. (Last) <u>Hart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6 1951</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Oct 5, 1951</u>		9. AGE (In years last birthday) <u>12</u>		10. MONTHS <u>12</u> DAYS <u>12</u> HOURS <u>12</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Humanville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Charles Hart</u>			
13b. MOTHER'S MAIDEN NAME <u>Jessie Lee FOSTER</u>		14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Willard Hart Bolivar</u> ADDRESS <u>45</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meconium Proctitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Perforated meckel's diverticulum</u>		<u>unknown</u>	
		DUE TO (c) <u>congenital malformation</u>		<u>unknown</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>atresia of terminal ileum</u>		<u>unknown</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>as above (all occurred during intratonsure)</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

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? <u>75620</u>	
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22. I hereby certify that I attended the deceased from Oct 6, 1951, to Oct 6, 1951, that I last saw the deceased alive on Oct 6, 1951, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1630 N. Jefferson, Springfield, Mo.</u>		23c. DATE SIGNED <u>10-6-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 6, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bolivar, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Bolivar, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Blue Bolivar, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>10-9-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Blue Bolivar, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

M. A. ...  
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Edward B. Erwin

Signed.....  
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Bellevue, 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.