

No. 300
10.48

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38531
Registrar's No. 238

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL. JARVIS 8120</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u> | | d. STREET ADDRESS (If rural, give location) <u>TROY, ILLINOIS T.R.I.</u> | |
| 3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>CLYDE</u> c. (Last) <u>HART</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 8 - 1951</u> |
| 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>MARCH 21 - 1880</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GENERAL FARMING</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM.</u> | 11. BIRTHPLACE (State or foreign country) <u>CENTERVILLE - IOWA</u> |
| 13a. FATHER'S NAME <u>GEORGE ALBERT HART</u> | | 13b. MOTHER'S MAIDEN NAME <u>MAUDE CHEATMON</u> | 14. NAME OF HUSBAND OR WIFE <u>BERTHA HART.</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S (S) SIGNATURE OR NAME ADDRESS <u>David E. Hart, Hank Point, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>nitral regurgitation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis!</u> | |
| 19a. DATE OF OPERATION <u>8</u> | 19b. MAJOR FINDINGS OF OPERATION <u>410X</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) m. _____ | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ | |
| 22. I hereby certify that I attended the deceased from <u>Nov 25</u> , 19 <u>51</u> , to <u>Dec. 7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec. 7</u> , 19 <u>51</u> , and that death occurred at <u>1:35 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>E. J. Conroy</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Dr. Charles, Mo</u> | 23c. DATE SIGNED <u>12-8-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>DEC. 8 - 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>HAGLER CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>MADISON ILLINOIS</u> |
| DATE REC'D BY LOCAL REG. <u>Dec 8 - 51</u> | REGISTRAR'S SIGNATURE <u>Thomas Hamilton</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>David S. Edwards Troy Illinois</u> | |

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

923
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File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 8 1951

RECEIVED

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 Jewel S. Edwards

Licensed Embalmer No. 3548

P. O. Address Indy, Indiana

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.