

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19850

State File No. ....

No. 300  
10. 48

FILED JUL 5 1952

1240

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

|   |  |   |   |  |  |   |  |
|---|--|---|---|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>72</u>  |   | PRIMARY REG. DIST. NO. <u>5289</u>   |  | Registrar's No. <u>50</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>CLAY</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>GASLAND GALLATIN TWP 2 HRS.</u>   |  | c. LENGTH OF STAY (in this place)   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>KANSAS CITY</u>                                      |  | 3078<br>1   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |   |   | d. STREET ADDRESS (If rural, give location)<br><u>419 N. Chelsey</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>CAROL</u><br>b. (Middle) <u>RENAE</u><br>c. (Last) <u>DE HART</u>   |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>JUNE 26 1952</u> |  |  |   |  |
| 5. SEX<br><u>FEMALE</u>   |  | 6. COLOR OR RACE<br><u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>NEVER MARRIED</u>   |  | 8. DATE OF BIRTH<br><u>JAN. 20 1949</u>   |  |
| 9. AGE (In years last birthday)<br><u>3</u>   |  | if UNDER 1 YEAR<br>Months<br><u>5</u>   |   | if UNDER 24 HRS.<br>Days<br><u>6</u>   |  | Hours<br>Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Ch. Id</u>  |  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><u>MARYVILLE, MO. 0</u>                |  |
| 12. CITIZEN OF WHAT COUNTRY?  |  | 13a. FATHER'S NAME<br><u>VINCENT A. DeHART</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>LULETA D. WILSON</u>   |  | 14. NAME OF HUSBAND OR WIFE   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Wilbur DeHART</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>SKULL FRACTURE</u><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>E8/20</u><br><u>25</u> |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>IMMED.</u><br><br><u>IMMED.</u> |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>083</u>  |   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>ACCIDENT</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>HIGHWAY</u>  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>NEAR PARKVILLE PLATTE MO.</u>  |  |   |  |
| 21d. TIME OF INJURY<br><u>6 26 1952 8 P.M.</u>  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?<br><u>STRUCK BY TRUCK</u>   |  |   |  |
| 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 <u>8 P m.</u> , from the causes and on the date stated above. |  |   |   |  |  |   |  |
| 23a. SIGNATURE<br><u>Walter J. Washburn</u> (Degree or title)   |  |   |   | 23b. ADDRESS<br><u>Gasland, Mo</u>   |  | 23c. DATE SIGNED<br><u>6/26/52</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |  | 24b. DATE<br><u>6-28-1952</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>LONG STAR CEM.</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>DENVER MO.</u>                  |  |
| DATE REC'D BY LOCAL REG.<br><u>6-28-52</u>  |  | REGISTRAR'S SIGNATURE<br><u>Beulah Kitchin 63</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>D.W. NEWCOMER'S SONS</u> ADDRESS<br><u>N. K. C.</u>   |  |   |  |

MAR 10 1953

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

*Glen A. Hill*

Signed.....

Student Embalmer

Licensed Embalmer No.

*4586*

P. O. Address

*Quondale, 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.