

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31239

State File No. ....

FILED SEP 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 2020 Registrar's No. 142

362  
0

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>R.# 2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>H. Gracis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>E</u>		c. (Last) <u>HJORT</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>15</u> Year <u>1952</u>	
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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>Sept 14, 1891</u>		9. AGE (In years last birthday) <u>61</u> Months <u>0</u> Days <u>1</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Webster Hovestark Board Caretaker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Red Bird, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Hjort</u>	
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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) <u>yes U.W.#1</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Grace Hjort, Cuba R., Mo.</u>		ADDRESS <u>Cuba R., Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral concussion &amp; hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>yes</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 100+66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Franklin Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 12 1952 6 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? <u>Auto accident</u>	
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22. I hereby certify that I attended the deceased from Sept 12, 1952, to Sept 15, 1952, that I last saw the deceased alive on Sept 14, 1952, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. ...</u>		23b. ADDRESS <u>...</u>		23c. DATE SIGNED <u>9-15-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 18, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McNichols Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Sept. 15, 1952</u>		REGISTRAR'S SIGNATURE <u>J.P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Franklin Funeral Home, Cuba, Mo.</u>		ADDRESS <u>...</u>	
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(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1953

SEP 25 1952

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.

Signed.....  
Student Embalmer

Signed Paul H. Shanklin

Licensed Embalmer No. Ray 3472

P. O. Address Carba, 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.