

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42548

State File No.

FILED JAN 6 1953

Registrar's No. 481

REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5569		Registrar's No. 481	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Brookings)</u>		c. LENGTH OF STAY (Specify place) <u>72 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Brookings)</u>		d. STREET ADDRESS (If rural, give location) <u>5805 Ash, K.C. 3E. Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5805 Ash, K.C. 3E. Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>5805 Ash, K.C. 3E. Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ernest</u>		b. (Middle) _____		c. (Last) <u>Hart</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>28</u>		(Year) <u>1952</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>Dec. 25 1875</u>		9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island R.P.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Union Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Laura R. Ham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>708-14-7465</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura R. Ham, 5805 Ash, K.C. 3E. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>		21f. HOW DID INJURY OCCUR?	
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"/>					
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>7 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Margaret A. Owens Coroner 3</u>				23b. ADDRESS <u>1034 Pinalto Bldg</u>		23c. DATE SIGNED <u>11-29-52</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Dec. 1, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brookings Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 1-52</u>		REGISTRAR'S SIGNATURE <u>James K. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark ... Raytown Mo</u>			

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

INR 8 1953

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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Clark Regent*

Licensed Embalmer No. *3983*

P. O. Address *Raytown, 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.