No. 300
10.48

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44685

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 1

860
0

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Unionville
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Monroe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Unionville 0860
d. STREET ADDRESS (If rural, give location) Home 0

3. NAME OF DECEASED (Type or Print)
a. (First) Ida
b. (Middle) —
c. (Last) Hart

4. DATE OF DEATH (Month) (Day) (Year) Dec, 30 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2
8. DATE OF BIRTH Feb-5-1872
9. AGE (In years last birthday) 80 | If under 1 year: Months 10 Days 25 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work
10b. KIND OF BUSINESS OR INDUSTRY self.
11. BIRTHPLACE (State or foreign country) Mo 0
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Joseph MacGrove
13b. MOTHER'S MAIDEN NAME Minerva White
14. NAME OF HUSBAND OR WIFE U. S. Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Anna Vincent, Green Castle ADDRESS No

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis &
DUE TO (c) hypertension 4201 — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. pernicious anemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1946, *to* Dec 30, 1952, *that I last saw the deceased alive on* Dec 30, 1952, *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Chas. L. Judd DO
23b. ADDRESS Unionville Mo
23c. DATE SIGNED 1-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) B 0
24b. DATE Jan. 2, 1953
24c. NAME OF CEMETERY OR CREMATORY Thompson Cem.
24d. LOCATION (City, town, or county) (State) Putnam Co Mo

DATE REC'D BY LOCAL REG. 1-20-53
REGISTRAR'S SIGNATURE Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE F.O. Husted & Son ADDRESS Unionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 1954

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 F O Hurstel

Signed.....
Student Embalmer

Licensed Embalmer No. 2975

P. O. Address Simonville Va

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.