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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20895

FILED JUN 16 1953

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 211

1. PLACE OF DEATH
a. COUNTY Calloway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (In this place) 8 4 4
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospt No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Louis Co.
c. CITY OR TOWN Kirkwood
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 4003

3. NAME OF DECEASED (Type or Print)
a. (First) LESTER
b. (Middle)
c. (Last) HART

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1953

5. SEX M 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH Feb 3 1915
9. AGE (In years last birthday) 38 — IF UNDER 1 YEAR Months 4 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and State or Foreign Country) Maysville Mo 0
12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Reuben Hart
13b. MOTHER'S MAIDEN NAME Harriett Haskins
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Records State Hosp 1 — **ADDRESS** Fulton Mo

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) Epilepsy

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. acute dilatation Right heart

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 3533
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* Jun 1, 1953, *to* June 8, 1953, *that I last saw the deceased alive on* June 6, 1953, *and that death occurred at* 12:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE R C Price 0 (Degree or title) MD
23b. ADDRESS Fulton Mo
23c. DATE SIGNED 6/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 9-1953
24c. NAME OF CEMETERY OR CREMATORY Maysville city cemetery
24d. LOCATION (City, town, or county) Maysville Mo. (State)

DATE REC'D BY LOCAL REG. June 8-1953
REGISTRAR'S SIGNATURE Maretta Lawrence 4267
25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfilzinger — **ADDRESS** Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William K. Pfitzinger

Licensed Embalmer No. 43

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.