

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25683

State File No.

No. 300
10.48

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5769 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lindley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lindley	
c. LENGTH OF STAY (In this place) All life		d. STREET ADDRESS (If rural, give location) 6 1/2 Miles N. E. of Cainville, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 1/2 miles north east of Cainville			

3. NAME OF DECEASED (Type or Print) a. (First) Roy	b. (Middle) Morgan	c. (Last) Hart	4. DATE OF DEATH (Month) (Day) (Year) August 2 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH January 15 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm hand General Farming.	11. BIRTHPLACE (City and State or Foreign Country) Mercer Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Hall Hart	13b. MOTHER'S MAIDEN NAME Mary Ann Walters	14. NAME OF HUSBAND OR WIFE -----
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Edna Nelson	ADDRESS Cainville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Truck tumbled over 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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 066 (STATE) Princeton, Mercer, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 2 1953 2:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Truck tumbled over on highway
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22. I hereby certify that I attended the deceased from **August 19**, to **August 19**, 19**53**, that I last saw the deceased alive on **August 19**, 19**53**, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. D. Coroner	23b. ADDRESS Princeton, Mo.	23c. DATE SIGNED 8-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 4 1953	24c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery	24d. LOCATION (City, town, or county) (State) RFD Princeton, Missouri.
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DATE REC'D BY LOCAL REG. 8-8-53	REGISTRAR'S SIGNATURE H. M. ...	393-0	25. FUNERAL DIRECTOR'S SIGNATURE St. ...	ADDRESS Cainville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, WV

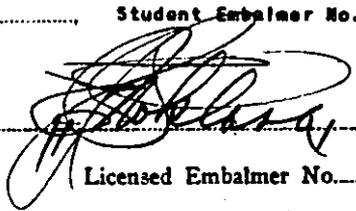
Eddie J. Stoklassa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.