

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 260

FILED JAN 18 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 5 yrs	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION 1615 South 19th St.		e. STREET ADDRESS (If rural, give location) 1615 South 19th St.	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Francis c. (Last) Hart		4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 8, 1876
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (25) Frt. Div. Santa Fe R.R.	11. BIRTHPLACE (City and State or Foreign Country) Ottawa, Kans
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Philip P. Hart	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Hanora Downing	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	
16. SOCIAL SECURITY NO. 663-14-2633		17. INFORMANT'S SIGNATURE OR NAME Miss Frances Hart ADDRESS 1615 So 19th City	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic glomerulo-nephritis	
INTERVAL BETWEEN ONSET AND DEATH Sudden		INTERVAL BETWEEN ONSET AND DEATH 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from March 1951 , to October 11, 1954 , that I last saw the deceased alive on Oct. 1951 , and that death occurred at 8:30p m., from the causes and on the date stated above.	
23a. SIGNATURE E. H. Anderson (Degree or title) M.D.		23b. ADDRESS St. Joseph, Mo. Phys. & Surg. Bldg.	
23c. DATE SIGNED 1-12-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-14-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Sidenfaden ADDRESS 1802 Union St. St. Joseph Mo.	
DATE REC'D BY LOCAL REG. Jan 14, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison ADDRESS 785	

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, or by Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St. Joseph,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.