

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14739

State File No. _____

FILED MAY 3 1954

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 6252 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>	
b. CITY OR TOWN <u>Macomb</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Macomb</u>	<u>1140</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Macomb, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Macomb</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SAMUEL</u>	b. (Middle) <u>KING</u>	c. (Last) <u>HART</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-6-54</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 1, 1881</u>	9. AGE (In years last birthday) <u>72</u>	If UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	If UNDER 12 MRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Taney Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Tom HART</u>	13b. MOTHER'S MAIDEN NAME <u>Julia BRYAN</u>	14. NAME OF HUSBAND OR WIFE <u>CORA ALMA HART</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cora Alma Hart</u>	ADDRESS <u>Macomb, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Probably Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>passed away suddenly</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/20/1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Noble Coroner</u>	23b. ADDRESS <u>1214 Olive, Mo.</u>	23c. DATE SIGNED <u>4-6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/9/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fidelity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/19/54</u>	REGISTRAR'S SIGNATURE <u>Mrs A. R. Worsham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Law G. Ferrell</u>	ADDRESS <u>Manfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

RECEIVED APR 23 1954
WRIGHT CO. HEALTH DEPT.
County File Number 554-419
Date Filed 5-1-54

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 *How G. Farrell*

Licensed Embalmer No. *4847*

P. O. Address *Mansfield, 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.