

No. 300
10.48

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

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29775

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN <u>WARSAW</u>		c. CITY OR TOWN <u>WARSAW</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>0080</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>KENNISON</u> c. (Last) <u>HART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23, 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 24, 1870</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>29</u> IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
10a. FATHER'S NAME <u>John J. Hark</u>		10b. MOTHER'S MAIDEN NAME <u>Alberta Kennison</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Richardson Co. Neb.</u>
13a. FATHER'S NAME <u>John J. Hark</u>		13b. MOTHER'S MAIDEN NAME <u>Alberta Kennison</u>	14. NAME OF HUSBAND OR WIFE <u>Dosia Hark</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-16-1764</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dosia Hark</u> ADDRESS <u>Warsaw, Mo.</u>
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION:	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized Arteriosclerosis</u>	
		DUE TO (c) <u></u>	
II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
Conditions contributing to the death but not related to the disease or condition causing death. <u>LEUKEMIA - In Febrile Hemorrhage (Stology work)</u>		6 days	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 <u>9 March, 1954</u> , to <u>23 Sept, 1954</u> , that I last saw the deceased alive on <u>23 Sept, 1954</u> , and that death occurred at <u>10:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>David N. Glenn</u> (Degree or title) <u>md</u>		23b. ADDRESS <u>Warsaw Mo</u>	23c. DATE SIGNED <u>9-25-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Sept 26, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burial Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warsaw, Benton Co. Mo</u>
DATE REC'D BY LOCAL REG <u>Sept. 26, 1954</u>	REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Peser</u>	ADDRESS <u>Warsaw, Mo</u>

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

Student.....
Signature of Student Embalmer

Signed

John J. Reese

Licensed Embalmer No. 40

P. O. Address Warsaw

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.