

FILED JAN 10 1955

STANDARD CERTIFICATE OF DEATH

State File No.

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

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>55</u> | | PRIMARY REG. DIST. NO. <u>3011</u> | | Registrar's No. <u>1</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> <u>0176</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>(Carroll)</u> | | | |
| b. CITY OR TOWN <u>Carrollton</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Carrollton</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Staton Hosp.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>907 E First 0176</u> | | | |
| 3. NAME OF DECEASED (Type or Print) (First) <u>Robert</u> | | (Middle) <u>Thomas</u> | | (Last) <u>Hart</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 1955</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>March 21, 1882</u> | |
| 9. AGE (Last birthday) <u>72</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Benjamin J. Hart</u> | | 13b. MOTHER'S MAIDEN NAME <u>Amanda Lou Austin</u> | | 14. NAME OF HUSBAND OR WIFE <u>Glenora Bowles Hart</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>154-20-9755</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecil Hart, Carrollton, Mo</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 da.</u> <u>yes.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331 X</u> | | | | 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 <u>Jan 2</u> , 19 <u>55</u> , to <u>Jan 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 5</u> , 19 <u>55</u> , and that death occurred at <u>8:20 m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23. SIGNATURE (Degree or title) <u>R. Hamilton Stuten</u> | | | | 23b. ADDRESS <u>Carrollton Mo.</u> | | 23c. DATE SIGNED <u>Jan 6</u> | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-7-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Ebenezer Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Carroll Co Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>1-7-55</u> | | REGISTRAR'S SIGNATURE <u>Mr. Hershey Calver</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> | | ADDRESS <u>Carrollton Mo</u> | |

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..... *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton, Ga.*

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.