

25363

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

921

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Doniphan</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Joseph, Mo</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Center Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles East of Troy</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Patrick</u> c. (Last) <u>Hart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21 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>Dec. 24 1881</u>	9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Kirkwood Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Michael Hart</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hart</u>	14. NAME OF HUSBAND OR WIFE <u>Mattie 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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Hart</u> ADDRESS <u>Troy Kansas</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>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>unknown</u> <u>unknown</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Aug. 18, 19 55</u> to <u>Aug. 21, 19 55</u> , that I last saw the deceased alive on <u>Aug. 21, 19 55</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Allen L. Serman</u> M.D.		23b. ADDRESS <u>706 Francis St., St. Joseph, Mo.</u>		23c. DATE SIGNED <u>8/23/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/24/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Troy Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Aug 25, 1955</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vernon B. Talbott</u> ADDRESS <u>Troy, Kansas</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

STATEMENT BY LICENSED EMBALMER

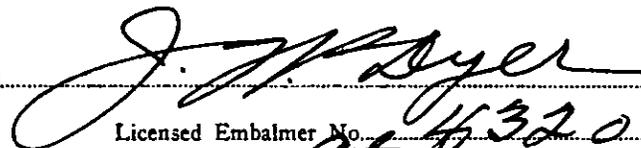
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 4320

P. O. Address Atchison, K.

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.