

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26110

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 3524

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 57yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Goss Nursing Home 2800 E 8th		e. STREET ADDRESS (If rural, give location) 809 Lydia 31580	
3. NAME OF DECEASED (Type or Print) a. (First) Clويد b. (Middle) A. c. (Last) De Hart		4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1955.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 9, 1867,
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City, and State or Foreign Country) Ada Ohio
10b. KIND OF BUSINESS OR INDUSTRY Printer		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME De Weit Clinton De Hart		13b. MOTHER'S MAIDEN NAME Sarah L. Butler	
14. NAME OF HUSBAND OR WIFE —		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Flossie Foley Buckner Mo.	
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) General arteriosclerosis 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. 4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) natural	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00a m., from the causes and on the date stated above.	
23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 1034 Rio Vista Bldg	
23c. DATE SIGNED 8-10-55		24a. BUIVAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug. 12, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
24d. LOCATION (City, town, or county) (State) Kansas City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C. L. Forster Funeral Home Kansas City Mo.	
DATE REC'D BY LOCAL REG. 8-11-55		REGISTRAR'S SIGNATURE Wm Marshall	

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.....
J. D. Gilman

Licensed Embalmer No. *558*

P. O. Address *A. C. M.*

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.