FILED DEC 15 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 36128

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 40

**1. PLACE OF DEATH**
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Beaver Dam Twp.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harviell RFD

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Beaver Dam Twp
d. STREET ADDRESS (If rural, give location): Harviell RFD 0120

**3. NAME OF DECEASED** (Type or Print)
a. (First): Clementine
b. (Middle): Margaret
c. (Last): Hart

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 30, 1955

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jnne 30,1881
9. AGE (In years last birthday): 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ripley Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Unknown Keyes
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Dan A. Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Charlie Hart — ADDRESS: Harviell, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cerebral hemorrhage

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: severe diarrhea 331X

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? none

22. *I hereby certify that I attended the deceased from* Nov 29, 1955, *to* Nov 30, 1955, *that I last saw the deceased alive on* Nov 29, 1955, *and that death occurred at* 9:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. E. White MD
23b. ADDRESS: Naylor Mo
23c. DATE SIGNED: 12/2 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 4/55
24c. NAME OF CEMETERY OR CREMATORY: Kinsey
24d. LOCATION (City, town, or county) (State): Butler Co. Mo.

DATE REC'D BY LOCAL REG.: 12/8/55
REGISTRAR'S SIGNATURE: B. L. Mueller By 489 Mueller Mo
25. FUNERAL DIRECTOR'S SIGNATURE: McCord-Gish — ADDRESS: Naylor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 12 1955
BUTLER CO. HEALTH CENTER
FILE No.

**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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.