

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4833

State File No. 529

FILED FEB 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY, MISSOURI		b. COUNTY JACKSON	
c. LENGTH OF STAY (in this place) 1941		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 4425 SCARRITT		30880	

3. NAME OF DECEASED (Type or Print)	a. (First) CLARA	b. (Middle) -	c. (Last) HART	4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 3 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUGUST 17, 1881	9. AGE (In years last birthday) 74	10. IF UNDER 1 YEAR Months 5 Days 10	11. IF UNDER 2 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) BATH COUNTY, KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JACKSON DAVIS	13b. MOTHER'S MAIDEN NAME MARINDA ?	14. NAME OF HUSBAND OR WIFE Henry Hart, deceased
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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. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ben Hart K.C., Mo. 316 S. Brighton
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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		INTERVAL BETWEEN ONSET AND DEATH 6 days years 2 2/4 unknown
	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) Cerebral Atherosclerosis DUE TO (c) Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 27, 1956, to Feb 3, 1956, that I last saw the deceased alive on Feb 2, 1956, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE ROBERT L. HARD (Degree or title) Robert L. Hard M.D.	23b. ADDRESS 4126 St. John, K.C., Mo.	23c. DATE SIGNED 2-5-56
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24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	24b. DATE 2-3-1956	24c. NAME OF CEMETERY OR CREMATORY Pleasant Valley Cemetery	24d. LOCATION (City, town, or county) (State) Johnson County Kansas
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DATE REC'D BY LOCAL REG. 1-5-56	REGISTRAR'S SIGNATURE Vera Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JULIEN FUNERAL HOME OLATHE, KANSAS Chester L. Fleming #1188
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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 *Chas. L. Fleming* .....

Licensed Embalmer No. *JK 6*

P. O. Address *Oletha La*

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.