

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17404

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 601-0 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Randolph 3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sugar Creek</u>		c. CITY OR TOWN <u>Moberly</u>	
c. LENGTH OF STAY (in this place) <u>minutes</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route EE 1 mile east Moberly</u>		e. STREET ADDRESS (If rural, give location) <u>312 N. Buchanan</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>HARVEY</u> c. (Last) <u>HART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-22-1956</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>Jan. 29-1891</u>	9. AGE (in years) (Months) (Days) (Hours) (Min.) <u>65</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Truck</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Vernon Co. Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alexander Hart</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret McMillin</u>	
14. NAME OF HUSBAND OR WIFE <u>Eva Hart</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-14-0384</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. G. H. Hart</u>		ADDRESS <u>Moberly Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>No</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal injuries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.				8160	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>088 26</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road 5 E 1 mile east Moberly</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sugar Creek Twp. Randolph Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 22, 1956 9:17 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Two trucks ran together on a curve throwing him out of his track.</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased glide on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:17 A.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Deputy S. Jolly W. Cowner 3</u>		23b. ADDRESS <u>303 1/2 N. Clark Moberly Mo</u>		23c. DATE SIGNED <u>5/23/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May-24-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-24-56</u>	REGISTRAR'S SIGNATURE <u>Cabe Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cater Funeral Home Moberly Mo.</u>			

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

JUN 5 1956

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 *Jerry R. Carter*.....  
Licensed Embalmer No. *4900*

P. O. Address *M. J. Serdy*.....

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.