

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

29747

FILED OCT 3 1956

State File No.

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY OR TOWN <u>Mexico Mo</u>		c. CITY OR TOWN <u>Mo Kittrick Mo</u>	
c. LENGTH OF STAY (in this place) <u>1 Day</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrian Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1 Mile west of Big Springs</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Earnest</u> c. (Last) <u>Hart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26 1956</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec-31-1855</u>		9. AGE (In years last birthday) <u>90</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Big Spring Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Salomon Hart</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gundiff</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Mae 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>614da Hart, Mo Kittrick. Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>14 year cardiac failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Uremia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 Sept 26, 1956, to Sept 26, 1956, that I last saw the deceased alive on Sept 26, 1956, and that death occurred at 4:53 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. L. L. ...</u>		23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>Sept 27 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-28-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Big Spring, Mo</u>		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <u>Sept. 27-56</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D B Baker</u>	
ADDRESS <u>Big Springs, Mo</u>		ADDRESS		ADDRESS	

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

9-0

JAN 23 1958

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 *L B Baker*.....

Licensed Embalmer No...337E....

P. O. Address..AMERICUS,..MO

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.