

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Certifier cannot certify to a death due to natural causes.

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41505

STATE FILE NUMBER 5318

Registration District No. 149 Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		a. STATE MISSOURI		b. COUNTY JACKSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL		Length of stay in lb 33 YEARS		d. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 1135 1/2 OLIVE		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) LEVI H. HART				4. DATE OF DEATH December 5, 1956			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-29-94	
9. AGE (In years and birthday) 61		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Dept. Gibbsland, Louisiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service Employee				10b. KIND OF BUSINESS OR INDUSTRY Quartermaster Dept.			
13. FATHER'S NAME Richard Hart				14. MOTHER'S MAIDEN NAME Mary Slater			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Official VA Hospital Records, K. C. Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobular Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Primary Carcinoma of Lung with widespread metastases</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 3 days 5 mos. 1102X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> VA <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from August 25, 1956, to December 5, 1956, and I certify that the death occurred at 4:50 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert E. Qualheim (Degree or title) M.D. ROBERT E. QUALHEIM, M.D.				22b. ADDRESS VA Hospital 4801 Linwood, Kansas City, Mo		22c. DATE SIGNED 12-6-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12 / 8 / 1956		23c. NAME OF CEMETERY OR CREMATORY Palestine Cemetery		23d. LOCATION (City, town, or county) (State) Gibbsland, Louisiana	
24. FUNERAL DIRECTOR Le. E. Davis, K. C. Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. 12-8-56		26. REGISTRAR'S SIGNATURE never Minshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Landis H. Jackson*

Licensed Embalmer No. *48*

P. O. Address *K. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.