

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1957

FILE NUMBER 4254

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 410

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		Length of stay in 1b 16 YEARS	d. STREET ADDRESS 4018 MONTGALL AVE		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CLYDE L. HART			4. DATE OF DEATH Month Day Year JAN-24-1957		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 9, 1899	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT		10b. KIND OF BUSINESS OR INDUSTRY GENERAL SERVICES ADMINISTRATION		11. BIRTHPLACE (City and state or country) WACO, NEBRASKA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME CHARLES HART		
14. MOTHER'S MAIDEN NAME EMILY JOHNSON			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. NONE		17. INFORMANT Address K.C. Mo. MRS FERN HART 4018 MONTGALL			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion DUE TO (b) coronary arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH few hrs. 4201
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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 1-24-57 to 1-24-57 and last saw her/him alive on 1-24-57 Death occurred at 7:40p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. Atcheson M.D.			22b. ADDRESS 3959 Pinedale		22c. DATE SIGNED 1-25-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN-28-1957	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMERS		ADDRESS K.C. Mo. 1381 BUSH CREEK BLVD	25. DATE RECD. BY LOCAL REG. 1-28-57		26. REGISTRAR'S SIGNATURE neva minshall

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms or signs of diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION Atcheson

00-56

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.....
Rollie Lenzel

Licensed Embalmer No. *46*

P. O. Address.....
P.C.M.

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.