

Dr. Wakeman

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025174

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 128 PRIMARY REGISTRATION DISTRICT NO. 200 REGISTRAR'S NO. 760

FILED AUG 11 1958

| | | | |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | c. CITY OR TOWN SPRINGFIELD ⁰³⁹⁶ ₀ | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FOSTER REST HOME | | Length of stay in 1b 30 YRS. | |
| d. STREET ADDRESS 1300 W. ATLANTIC | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First JOHN Middle WESLEY Last HART | | | 4. DATE OF DEATH Month JULY Day 31 Year 1958 |
| 5. SEX MALE <input type="checkbox"/> | 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 MARCH 16 1878 |
| 9. AGE (In years last birthday) 80 | | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | | 10b. KIND OF BUSINESS OR INDUSTRY CARPENTER | 11. BIRTHPLACE (City and state or country) REPUBLIC, MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME JAMES HART | |
| 13b. MOTHER'S MAIDEN NAME JANE BATSON | | 14. NAME OF HUSBAND OR WIFE BESSIE HART | |
| 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. 500-05-9937 | 17. INFORMANT MRS. BESSIE HART Address SPRINGFIELD, 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) Cerebral Hemorrhage E. hemisphere right DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x | | | INTERVAL BETWEEN ONSET AND DEATH 7 weeks |
| 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 _____ a.m. _____ p.m. | | 20d. INJURY OCCURRED WHILE AT <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 1948 to 1958 and last saw her/him alive on July 30 1958 Death occurred at 11:48 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE J. Houston Wakeman MD (Degree or title) | | 22b. ADDRESS Springfield Mo | |
| 22c. DATE SIGNED 8-1-58 | | 22d. ADDRESS (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 8/2/58 | 23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL | 23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO. |
| 24. FUNERAL DIRECTOR H.H. LOHMEYER ADDRESS SPRINGFIELD, MO. | | 25. DATE RECD. BY LOCAL REG. 8-4-58 | 26. REGISTRAR'S SIGNATURE Effie B. Melton |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS App 23 1959

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 *W. L. McCann*

Licensed Embalmer No. *2727*
P. O. Address *Springfield 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.