

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031707
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 30 Primary Registration District No. 5101 Registrar's No. 29

S. 300
1-57

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BENTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Alexander Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Alexander Township 0080 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles west Length of stay in 1b years.		d. STREET ADDRESS (If outside, give location) 5 miles west Fritos Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED Fritos (Type or print) First Middle Last ROBERT ALLEN HART			4. DATE OF DEATH Month Day Year Sept 28, 1958
5. SEX MALE	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 26, 1874
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Farm Labor	11. BIRTHPLACE (City and state or country) Hickory Co, Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A		13a. FATHER'S NAME Amberos A. Hart	
13b. MOTHER'S MAIDEN NAME Mildred Elizabeth Hart		14. NAME OF HUSBAND OR WIFE deceased.	
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. NONE	
17. INFORMANT Mabel Lemes Fritos, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular thrombosis DUE TO (b) Arteriosclerosis, generalized DUE TO (c) 332XH 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) Valvular heart disease; abdominal tumor probably			INTERVAL BETWEEN ONSET AND DEATH 7 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I & Part II of Part 18.) See Cause		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <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 May 1955 to Sept 25, 1958 and last saw him alive on 9-25-58 Death occurred at 6:00 p. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) L. B. Anderson, M.D.	
22b. ADDRESS Warsaw, Mo.		22c. DATE SIGNED 9-29-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 1, 1958	
23c. NAME OF CEMETERY OR CREMATORY Hartville Cemetery		23d. LOCATION (City, town, or county) (State) Cross Timbers Hickory Co, Mo	
24. FUNERAL DIRECTOR John F. Reese		ADDRESS Warsaw	
25. DATE RECD. BY LOCAL REG. Oct-1-1958		26. REGISTRAR'S SIGNATURE Jas. A. Logan	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *John F. Reser*

Licensed Embalmer No. *4298*

P. O. Address *Warsaw*

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.