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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58–035433
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 30 Primary Registration District No. 5105 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EDWARDS "Union Twp" Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Benton
c. CITY OR TOWN EDWARDS Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Dee Middle Hastain Last HART

4. DATE OF DEATH Month Oct Day 21 Year 1958

5. SEX MALE 6. COLOR OR RACE White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐ 8. DATE OF BIRTH April 28, 1884 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 5 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Hastain, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME George A. Hart 13b. MOTHER'S MAIDEN NAME Drewsilla Robinson 14. NAME OF HUSBAND OR WIFE deceased.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None. 17. INFORMANT Doyle Hart Address Edwards, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Encephalomalacia — 1 yr.
DUE TO (c) Arteriosclerosis 332X — 5 yrs.
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 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 Jan., 10, 1953, to Oct., 21, 1958 and last saw her/him alive on Oct., 21, 1958
Death occurred at 4:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gussie Sally DO 2 22b. ADDRESS Warsaw, Mo. 22c. DATE SIGNED 10/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Oct 24, 1958 23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery 23d. LOCATION (City, town, or county) (State) WARSAW Benton Co, Mo.

24. FUNERAL DIRECTOR John F Reser ADDRESS Warsaw 25. DATE RECD. BY LOCAL REG. 10/24/58 26. REGISTRAR'S SIGNATURE Jas. A. Logan.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. 4098

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.