Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035532
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1159

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3016 No. 8th St. — Length of stay in 1b 25 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 3016 No. 8th St. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First CLARENCE Middle JAMES Last HART

4. DATE OF DEATH Month Oct. Day 28 Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH July 25, 1900
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY Armour Packing Co.
11. BIRTHPLACE (City and state or country) St. Joseph Missouri 0
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Douglas Hart
13b. MOTHER'S MAIDEN NAME Laura Hockaday
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-14-2602
17. INFORMANT Mrs. Ray Wagenknecht Address 3017 St. Joseph Ave St. Joseph, 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) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH 30 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4201
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 UNATTENDED, to _____ and last saw him alive on _____
Death occurred at 6:00A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Assistant City Health Officer (Degree of title) [signature] 5
22b. ADDRESS 1302 Faraon St Joseph
22c. DATE SIGNED 10-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-30-58
23c. NAME OF CEMETERY OR CREMATORY Belmont Cemetery
23d. LOCATION (City, town, or county) Wathena (State) Kansas

24. FUNERAL DIRECTOR Stanley Funeral Home NHS. ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Oct. 30, 1958
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Dr. Lawrence H. Piper
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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.