Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042954
STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 925' Primary Registration District No. 4480 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY Schuyler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greentop — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Greentop Nursing Home — Length of stay in Hospital 3 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Schuyler
c. CITY OR TOWN Queen City, Mo 0780 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First KATHRYN Middle B Last HART

4. DATE OF DEATH Month Nov Day 16 Year 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH 7-6-1881

9. AGE (In years on last birthday) 77 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Schuyler County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Fletcher

13b. MOTHER'S MAIDEN NAME Charlotte Hiskins

14. NAME OF HUSBAND OR WIFE Lawrence Hart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. no.

17. INFORMANT Mary Applegate Address Queen City Mo

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.

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) cerebral thrombosis
DUE TO (c) Arteriosclerosis - generalized
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 9-27-58, to 11-10-58 and last saw her/him alive on 11-10-58
Death occurred at 9:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Kris (Degree or title) DO 2

22b. ADDRESS PO 235, Greentop Mo

22c. DATE SIGNED 11-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov 12 '58

23c. NAME OF CEMETERY OR CREMATORY Queen City Cemetery

23d. LOCATION (City, town, or county) Queen City (State) Mo

24. FUNERAL DIRECTOR Dooley Funeral Home **ADDRESS** Queen City

25. DATE RECD. BY LOCAL REG. Nov 15 - 58

26. REGISTRAR'S SIGNATURE Mrs. R. J. Drake

(Licensed Embalmer's Statement on Reverse Side)

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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 [signature]

Licensed Embalmer No. 4619

P. O. Address Queens City, Y

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.