

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009437

STATE FILE NUMBER

1333

FILED MAR 26 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1333

300  
-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1509 1/2 WESTPORT RD.		Length of stay in lb 39 YEARS	d. STREET ADDRESS (If outside, give location) 1509 1/2 WESTPORT RD.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES MORGAN HART			4. DATE OF DEATH Month Day Year MARCH 12, 1959		
5. SEX MALE	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 AUGUST 21, 1884	9. AGE (In years last birthday) 74 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) RETAIL CLERK		10b. KIND OF BUSINESS OR INDUSTRY GROCERY	11. BIRTHPLACE (City and state or country) MONROE CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME WILLIAM E. HART		13b. MOTHER'S MAIDEN NAME SALLY BELL ROBINSON		14. NAME OF HUSBAND OR WIFE CECILE 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. 496-09-3312	17. INFORMANT 1509 1/2 WESTPORT ROAD MRS. CECILE HART-KANSAS CITY, MISSOURI		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year 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 _____, to _____ and last saw her alive on _____ Death occurred at _____ P. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Nancy Owens Currier</i>			22b. ADDRESS 1034 Pratt Bldg		22c. DATE SIGNED 3-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE MARCH 14, 1959	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY		23d. LOCATION (City, town, or county) (State) SHELBYNA, MISSOURI
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 3-13-59		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Hugh H. Owens

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 *Marvin H. Preston*.....

Licensed Embalmer No. *5040*.....

P. O. Address *Kansas City*.....

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.