

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013900

STATE FILE NUMBER

FILED APR 28 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 72

300

-57

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1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lebanon</b> <b>0.532</b> 0
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Frisco R.R. Depot</b>		Length of stay in lb <b>29 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>345 Harrison</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>THEODORE</b> Middle <b>G.</b> Last <b>HART</b>			4. DATE OF DEATH Month <b>April</b> Day <b>20</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 25, 1881</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Station Agent</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Goodson, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Hart</b>	13b. MOTHER'S MAIDEN NAME <b>Lucy Brooks</b>	14. NAME OF HUSBAND OR WIFE <b>Rose Hart</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>702-03-9694</b>	17. INFORMANT <b>Mrs. T.G. Hart</b>	Address <b>Lebanon, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute myocardial failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>hypertensive heart disease</b>	<b>years</b>
	DUE TO (c) <b>myocarditis &amp; myocardial degeneration</b>	
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.) <b>443 X</b>
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20c. TIME OF INJURY Hour <b>3:15 P</b> Month, Day, Year <b>8-6-56</b> 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 <b>Lebanon Mo</b>	COUNTY <b>Missouri</b>	STATE
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21. I attended the deceased from <b>8-6-56</b> to <b>4-20-59</b> and last saw him alive on <b>4-16-59</b> Death occurred at <b>3:15 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>J. Summers</b> (Degree or title)	22b. ADDRESS <b>Lebanon Mo</b>	22c. DATE SIGNED <b>4-21-59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4/22/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Robinson</b>	23d. LOCATION (City, town, or county) (State) <b>Hickory County Missouri</b>
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24. FUNERAL DIRECTOR <b>J.P. Palmer</b> ADDRESS <b>Lebanon Mo</b>	25. DATE RECD. BY LOCAL REG. <b>4-21-1959</b>	26. REGISTRAR'S SIGNATURE <b>Wella L. Gray</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS MAY 11 1959

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Date Filed At In L. 1959

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 *Allyn D. Hooker* .....

Licensed Embalmer No. *4333*

P. O. Address *Lebanon, 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.