

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016531

STATE FILE NUMBER

FILED VS APR 19 1960

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 148

INDEXED

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River		Length of stay in 1b		c. CITY OR TOWN Flat River		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 304 E. Main St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 304 E. Main St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HORACE EDWIN HART				4. DATE OF DEATH April 13, 1960			
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 1/5/1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 3 Days 8	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead		11. BIRTHPLACE (City and state or country) Desloge, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas Hart			13b. MOTHER'S MAIDEN NAME Addie Walston		14. NAME OF HUSBAND OR WIFE Millie Dreier 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. 493-03-9214		17. INFORMANT Address Mrs. Millie Hart Flat River, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinoma of the Colon DUE TO (c) 						INTERVAL BETWEEN ONSET AND DEATH 18 months unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. 		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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 12-1-58 to 4-13-60 and last saw ^{her} <u>him</u> live on 4-13-60 Death occurred at 12:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. Paul Durr M.D.				22b. ADDRESS Flat River, Missouri		22c. DATE SIGNED 4/14/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/15/1960	23c. NAME OF CEMETERY OR CREMATORY St. Francois Memo Pk.		23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.			
24. FUNERAL DIRECTOR ADDRESS Murphy L. Sparks Flat River, Mo.				25. DATE RECD. BY LOCAL REG. April 14, 1960		26. REGISTRAR'S SIGNATURE Ether Redloff	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. 589
working under my personal supervision.

Student

Richard H. Reeves

Signature of Student Embalmer

Signed

Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address

Flat 101

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.