

FILED VS SEP 19 1960

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

-60-037279
 STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 6294 Registrar's No. 25

V. S. 300
 Rev. 1-57

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Worth County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>County</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Green Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Parnell</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>91</u>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>0746, 5miles east</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Rodney Hart</u>				4. DATE OF DEATH Month Day Year <u>August 24 1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>December-2-1930</u>		9. AGE (In years last birthday) <u>29</u>	F UNDER 1 YEAR Months Days <u>10 22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and state or country) <u>Parnell Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Loren Hart</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Morin</u>			14. NAME OF HUSBAND OR WIFE <u>Carol Jean Hart</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>			16. SOCIAL SECURITY NO. <u>496-42-1124</u>		17. INFORMANT Address <u>Carol Jean Hart Parnell Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushing injury of chest with pressure onchest and great Vessels</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1-2min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						9121 3	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)						19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <u>He was pulled into round type hay baler with his rt arm through rollers and resulting pressure on rt. upper chest</u>				
20c. TIME OF INJURY Hour Month, Day, Year <u>2:30 p.m. 8/24/60</u>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		20f. CITY, TOWN, OR LOCATION <u>113</u> COUNTY STATE <u>7mi W of Grant City, Worth, Missouri</u>		
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			21. I attended the deceased from _____, to _____ and last saw ^{her} _{him} alive on _____ Death occurred at <u>2:30pm</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Specify title) <u>Frank B Matteson M D</u> Coroner				22b. ADDRESS <u>Grant City, Mo</u>		22c. DATE SIGNED <u>8/26/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>August-26-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Parnell Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>John Andrews Grant City Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>9-15-1960</u>		26. REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>		

VS OCT 10 1960

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 John Andrews, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City, 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.