MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-001151
STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. _____ Registrar's No. 5

FILED VS FEB 14 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
9			
40			
X			
2			

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Holt
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oregon — Length of stay in 1b: 8 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Pleasant Hill Nursing — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Skidmore — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle ELMER Last HART
4. DATE OF DEATH: Month 2 Day 4 Year 61
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/23/71
9. AGE (last birthday): 89 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - retired
10b. KIND OF BUSINESS OR INDUSTRY: Own account
11. BIRTHPLACE (City and state or country): Atchison Co., Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John W. Hart
13b. MOTHER'S MAIDEN NAME: Sarah E. Smithers
14. NAME OF HUSBAND OR WIFE: Rachel Belle Hart, dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: John Hart, Skidmore, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hemorrhage fr. Gastro Intestinal Tract	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastatic Carcinoma from Prostate	6 mo.
DUE TO (c)	Carcinoma of Prostate	6 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 4-27-60, to 2-3-61 and last saw her/him alive on 2-3-61
Death occurred at 1:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M.C. Lew (Degree or title) D.O.
22b. ADDRESS Maitland, Mo
22c. DATE SIGNED 2/6/61
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/7/61
23c. NAME OF CEMETERY OR CREMATORY: Hillcrest
23d. LOCATION (City, town, or county) (State): Skidmore, Missouri
24. FUNERAL DIRECTOR ADDRESS: Price Funeral Home, Maryville, Mo.
25. DATE RECD. BY LOCAL REG.: 2/8/1961
26. REGISTRAR'S SIGNATURE: James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

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 Patrick S. Price, Student Embalmer No. 621 working under my personal supervision.

Student Patrick S. Price
Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.