

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001415

FILED VS FEB 8 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 373 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived.) If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> 25th of May in 1b OR <u>8-DAY</u> TOTAL			c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location) <u>3015 E 19th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Hart</u> Last <u>Hart</u>			4. DATE OF DEATH Month <u>1</u> Day <u>15</u> Year <u>61</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-5-1885</u>	9. AGE (last birthday) <u>75 YRS.</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HAY DEALER'S ACSSO.</u>		11. BIRTHPLACE (City and state or country) <u>GREENVILLE, TEXAS</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>JOHN HART Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA TUCKER</u>	
14. NAME OF HUSBAND OR WIFE <u>BEATRICE 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</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>CLEO HART</u>		Address <u>3015 E. 19th K. C., Mo</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>Recent occlusion of L middle cerebral artery</u>		DUE TO (b) <u>cerebral artery cerebrovasculan</u>		DUE TO (c) <u>Bilateral bronchopneumonia</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>with multiple pulmonary abscesses</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u></u> Month, Day, Year <u></u>		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 <u>1-7-61</u> to <u>1-15-61</u> and last saw him alive on <u>1-15-1961</u>		Death occurred at <u>8:55 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dorinda E. Egan</u> (Degree or title)		22b. ADDRESS <u>2400 Cherry - City</u>		22c. DATE SIGNED <u>1-17-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>1-23-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>WESTLAWN CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>KANSAS CITY</u>		23e. (State) <u>KANS.</u>		24. FUNERAL DIRECTOR <u>Chas. Davis Funl. Home</u> ADDRESS <u>1415 E. Truman</u>	
25. DATE RECD. BY LOCAL REG. <u>1-23-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
FRANK ELLIS
ITEM NO. SHOULD READ
TYPEWRITER RIBBON

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 Landis H. Jackson

Licensed Embalmer No. 4850

P. O. Address _____

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.