

# MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

1098-61-003158  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1098

1. PLACE OF DEATH  
a. COUNTY 9 1961  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay in 1b 25 Days  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Illinois b. COUNTY Clinton Co.  
c. CITY OR TOWN Centralia, Ill Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 1019 Case Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print)  
First Kathi Middle Lynn Last Hart  
4. DATE OF DEATH  
Month 2- Day 3- Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 1-4-61 9. AGE (last birthday)  
IF UNDER 1 YEAR Months 1 Days  IF UNDER 24 HR Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Mt. Vernon, Ill 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Edward L. Hart 13b. MOTHER'S MAIDEN NAME Glenna Dial 14. NAME OF HUSBAND OR WIFE Single

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. None 17. INFORMANT Alice Trowbridge, 500 S. Kingshighway Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) 1) Cardiac Arrest  
DUE TO (b) 2) Intestinal Obstruction  
DUE TO (c) 3) Pneumonia Post-op  
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 Month, Day, Year  
a.m. p.m.

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 1-9-61 to 2-3-61 and last saw her/him alive on 2-3-61  
Death occurred at 3:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Eugene M. Pusey, MD 22b. ADDRESS 500 Kingshighway 22c. DATE SIGNED 2-3-61

23a. BURIAL, CREMATION, (REMOVAL Specify) Burial 23b. DATE 2/4/61 23c. NAME OF CEMETERY OR CREMATORY Local 23d. LOCATION (City, town, or county) (State) Centralia, Ill

24. FUNERAL DIRECTOR ADDRESS Ira Garnier, Centralia, Ill. 25. DATE RECD. BY LOCAL REG. FEB 3 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

AMENDED  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF  
ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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 Mark Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.  
Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Joseph J. Masley

Licensed Embalmer No. 7541

P. O. Address E. St. Louis

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.