

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029310

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3812

1. PLACE OF DEATH 25 1961  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo Length of stay in lb 9 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Nursing Home Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Kansas b. COUNTY Wyandotte  
 c. CITY OR TOWN Kansas City, Ks. Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) 1244 Lowell Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Nannie D. Hart July 31 1961  
 5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 2-1-1883 9. AGE (last birthday) 78 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) School teacher/receptionist hospital 10b. KIND OF BUSINESS OR INDUSTRY school 11. BIRTHPLACE (City and state or country) rural Bonner Spgs. Ks 12. CITIZEN OF WHAT COUNTRY USA  
 13a. FATHER'S NAME Hervey Baker 13b. MOTHER'S MAIDEN NAME Louise Armstrong 14. NAME OF HUSBAND OR WIFE Luther Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Orpha Jackson K.C.Ks.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) arterial sclerotic heart disease  
 DUE TO (b) Generalized atherosclerosis  
 DUE TO (c) ⊗  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinson's disease  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  N.  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  
 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 June 10, 1961 to July 31 - 61 and last saw her live on July 31, 1961  
 Death occurred at 10 53 A M m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Don Black 22b. ADDRESS 924 Pm Bldg K.C. 6, Mo 22c. DATE SIGNED 8/1/61  
 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Aug 1-1961 23c. NAME OF CEMETERY OR CREMATORY Bonner Springs Cemetery 23d. LOCATION (City, town, or county) (State) Bonner Springs, Ks.

24. FUNERAL DIRECTOR ADDRESS Alden-Harrington & Sons Bonner Spgs. Ks. 25. DATE RECD. BY LOCAL REG. 8-1-61 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF Don Black  
 ITEM NO. SHOULD READ

**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 Max E Meyer

Licensed Embalmer No. 4554

P. O. Address W. E. H. S.

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.