

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5587

State File No.

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	c. LENGTH OF STAY (in this place) <u>50 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>311 S main st</u>		d. STREET ADDRESS (If rural, give location) <u>311 S main st</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADAH</u> b. (Middle) <u>X</u> c. (Last) <u>HART</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-30-53</u>
--	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WID</u>	8. DATE OF BIRTH <u>4/16/1869</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>GERMANTOWN MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>HENRY JOSEPH EDWARDS</u>	13b. MOTHER'S MAIDEN NAME <u>LUCINDA OCTADA SANDS</u>	14. NAME OF HUSBAND OR WIFE <u>JOSIAH LINCOLN HART</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John Beckenbaugh</u>	ADDRESS <u>Clinton</u>
---	-------------------------------------	---	------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza & Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>80 da</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>480X</u>		
	II. OTHER SIGNIFICANT-CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic arthritis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 1-20, 1953, to 1-30, 1953, that I last saw the deceased alive on 1-29, 1953, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. Walker</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Clinton MO</u>	23c. DATE SIGNED <u>1-20-53</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-1-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEM</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton MO</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Feb 9-53</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u> 422	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Conasalus</u>	ADDRESS <u>Clinton MO</u>
--	---	---	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

J. E. Gonzalez

Licensed Embalmer No. *1891*

P. O. Address. *Christy M*

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 this body is not embalmed, fact should be so stated above.