

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11661**BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **3023** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) CLINTON		c. CITY (If outside corporate limits, write RURAL and give township) CLINTON	
c. LENGTH OF STAY (in this place) 3 DAYS		d. STREET ADDRESS (If rural, give location) 203 EAST ELM.	
d. FULL NAME OF HOSPITAL OR INSTITUTION WEIZEL HOSPITAL			

3. NAME OF DECEASED a. (First) LULA b. (Middle) P. c. (Last) HART		4. DATE OF DEATH (Month) (Day) (Year) APRIL 13, 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JULY 5, 1879
9. AGE (in years last birthday) 75		10. KIND OF BUSINESS OR INDUSTRY HOME WORK	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME WORK		11. BIRTHPLACE (City and State or Foreign Country) WEST HENRY Co. MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Timothy T. HART	13b. MOTHER'S MAIDEN NAME JULIA A. LONG	14. NAME OF HUSBAND OR WIFE Edgar L. Hart, Mich. Mo.
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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'S SIGNATURE OR NAME Edgar L. Hart, Mich. Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the cause of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PERNICIOUS ANEMIA DUE TO (c) GASTRIC CANCER		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151 X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **Oct**, 19**44**, to **April 13**, 19**55**, that I last saw the deceased alive on **4-13**, 19**55**, and that death occurred at **6.30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. J. Powell, D.O. (Degree or title)	23b. ADDRESS Clinton Mo.	23c. DATE SIGNED 4/15/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 16	24c. NAME OF CEMETERY OR CREMATORY WHITE OAK CEMETERY, Mich. Mo.	24d. LOCATION (City, town, or county) (State) Rural
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DATE REC'D BY LOCAL REG. 4-15-55	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE H. Sansout	ADDRESS Clinton, Mo.
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. L. Tansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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