

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024893

FILED JUL 13 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 166

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 39 years		c. CITY OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General				d. STREET ADDRESS (If outside, give location) 807 S. Second St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE HENRY HART			4. DATE OF DEATH Month Day Year July, 3, 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/24/87	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store		11. BIRTHPLACE (City and state or country) Montrose, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Josiah Lincoln Hart			13b. MOTHER'S MAIDEN NAME Adah Edwards		14. NAME OF HUSBAND OR WIFE Mary O. Hart (Deos'd)		
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. 486-36-1564		17. INFORMANT Address George H Hart Jr. Clinton, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY PARALYSIS						INTERVAL BETWEEN ONSET AND DEATH HRS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ATHEROSCLEROSIS, GENERALIZED							
DUE TO (c) GLOMERULONEPHRITIS							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PYELONEPHRITIS WITH UREMIA						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. Month, Day, Year	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 July 2, 1959 , to July 3, 1959 and last saw him alive on July 3, 1959 Death occurred at 7:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Arturo Gonzalez MD				22b. ADDRESS 717 E. Jefferson Clinton, Mo.		22c. DATE SIGNED 7-3-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Englewood		23d. LOCATION (City, town, or county) (State) Clinton, Missouri			
24. FUNERAL DIRECTOR ADDRESS Consalus Clinton, Mo.			25. DATE RECD. BY LOCAL REG. 7-6-59		26. REGISTRAR'S SIGNATURE Mildred Bigum		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 4 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eugene R. ...

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.