

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23242

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

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 3025		Registrar's No. 66	
1. PLACE OF DEATH a. COUNTY <u>Newell</u>				2. USUAL RESIDENCE (Where deceased lived at institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>24 hrs</u>		c. CITY OR TOWN <u>Miner Grove</u>		114	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Hospital</u>				d. STREET ADDRESS <u>R. F. D.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Asa</u>		b. (Middle) _____		c. (Last) <u>Hart</u>	
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>31</u>		(Year) <u>49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>1-21-1878</u>		9. AGE (In years last birthday) <u>71</u> if UNDER 1 YEAR <u>4</u> MONTHS <u>10</u> DAYS <u>10</u> HOURS <u>0</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Shannon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chas. Hart</u>		13b. MOTHER'S MAIDEN NAME <u>Lavona</u>		14. NAME OF HUSBAND OR WIFE <u>Chloe Hart</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chloe Hart</u>		18. ADDRESS <u>Miner Grove</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardio-Vascular-Renal Disease</u>		ANTECEDENT CAUSES				DUE TO (b) <u>Rheumatic Heart Disease</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				4/6X	
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) (Minute) _____	
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 <u>5-30</u> , 19 <u>49</u> to <u>5-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-31</u> , 19 <u>49</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Stoll M.D.</u> (Degree or title)				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>6-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>6-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friendship</u>		24d. LOCATION (City, town, or county) (State) <u>Miner Grove, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-27-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains, Mo.</u>	

RECEIVED

7/5/49

District Health Officer No. 5,

District File Number

749504

Date Filed

7-14-49

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*D. D. Robertson*

Licensed Embalmer No. 3437

P. O. Address West Plains, Mo.

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.