

FILED MAR 6 1952

STANDARD CERTIFICATE OF DEATH

4437
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4149 Registrar's No. 9-1952

0280
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u>	
c. LENGTH OF STAY (in this place) <u>29 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) - <u>CHARLES - EDWARD - HART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 15 - 1952</u>		
a. (First)	b. (Middle)	c. (Last)	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 6, 1970</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Resort Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Muskego Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>HENRY HART</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA GROSS</u>		14. NAME OF SPOUSE OR WIFE <u>Alice Elsie - Deed.</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs O.J. Hines</u>	ADDRESS <u>Cuba, MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>10 yrs.</u>	
		DUE TO (c) <u>Chronic Myocarditis</u>		<u>15 yrs.</u>	
		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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb, 1948, to Feb 15, 1952, that I last saw the deceased alive on Feb 15, 1952, and that death occurred at 3:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph T. De Leo De. PA</u>		23b. ADDRESS <u>Cuba, Mo.</u>	23c. DATE SIGNED <u>2-16-52</u>
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24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>Feb 19, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba, MO</u>
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DATE REC'D BY LOCAL REG. <u>2-17-1952</u>	REGISTRAR'S SIGNATURE <u>Paul A. Shaver</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman C. Haerer</u>	ADDRESS <u>Cuba, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

11/14/71

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 Embalmer No.

Signed

Norman C. Haenen

Signed.....

Student Embalmer

Licensed Embalmer No. *4673*

P. O. Address *Cuba, Missouri*

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.