

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24284

State File No.

FILED JUL 21 1952

BIRTH NO.		REG. DIST. NO. <u>131</u>		PRIMARY REG. DIST. NO. <u>5518</u>		Registrar's No. <u>43</u>		
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) <u>WALKER TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>10 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>URICH, RURAL</u>		0420		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>URICH - RURAL</u>				d. STREET ADDRESS (If rural, give location) <u>WHITE OAK TOWNSHIP</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLOTTE ELIZABETH</u> b. (Middle) <u>HART</u> c. (Last) <u>HART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 17, 1952</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>FEB. 10, 1884</u>		
9. AGE (in years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>HENRY Co. Mo.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>HENRY Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>TIMOTHY F. HART</u>			13b. MOTHER'S MAIDEN NAME <u>JULIA ANN LONG</u>		14. NAME OF HUSBAND OR WIFE <u>Edger L. Hart, Urich, Mo</u>			
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 ADDRESS <u>Edger L. Hart, Urich, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES <u>Secondary anemia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
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) (Min.)		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>February 1951</u> , to <u>July 1952</u> , that I last saw the deceased alive on <u>July 16, 1952</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Robert Franklin W. Clenton, M.D.</u>				23b. ADDRESS <u>Clenton, Mo.</u>		23c. DATE SIGNED <u>7-18-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 19, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WHITE OAK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>URICH, MO.</u>		
DATE REC'D BY LOCAL REG. <u>July-18-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Vansant</u>		ADDRESS <u>Clenton, 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 A. A. Vansant

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 comply with the above constitutes grounds for revocation of license.)

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