

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013950
State File No.

FILED APR 21 1958

BIRTH NO. _____ REG. DIST. NO. 123 PRIMARY REG. DIST. NO. 3022 Registrar's No. 69

0411

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>0411</u> OR TOWN <u>Bethany</u>	
c. LENGTH OF STAY (in this place) <u>50 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>West Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Guy</u> c. (Last) <u>DART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 12, 1958</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-22-1881</u>	9. AGE (In years last birthday) <u>76</u>	10. MONTHS <u>6</u>	11. DAYS <u>20</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Dart</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Bell</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Dart</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-07-0123</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Dart</u>	ADDRESS <u>Bethany Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC FAILURE</u>		
	ANTECEDENT CAUSES		
DUE TO (b) <u>AORTIC VALVULAR INSUFFICIENCY</u>		<u>years.</u>	
DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>years</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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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) <u>4200</u>
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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?
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22. I hereby certify that I attended the deceased from 3-13, 1958, to 4-12, 1958, that I last saw the deceased alive on 4-11, 1958, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Albert Dibble</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Bethany, Mo.</u>	23c. DATE SIGNED <u>4-12-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-14-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Blythe Dale Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-14-58</u>	REGISTRAR'S SIGNATURE <u>Jella Masey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. K. Haas</u>	ADDRESS <u>Bethany Mo.</u>
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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

M. B. Lee

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.