

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017543  
State File No.

FILED MAY 23 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4090 Registrar's No. 10

0190

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

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hunter</u>	c. LENGTH OF STAY (In this place) <u>40 years</u>	c. CITY OR TOWN <u>Hunter</u> <u>0188</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Augustus</u> c. (Last) <u>Searhart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1958</u>		
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 7 1880</u>	9. AGE (In years last birthday) <u>77</u>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General merchandise retail</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>	
12a. FATHER'S NAME <u>Geo. Searhart</u>		13b. MOTHER'S MAIDEN NAME <u>Elisebeth Tauffenbaugh</u>		14. NAME OF HUSBAND OR WIFE <u>Coro Searhart</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>488-26-5915</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo Searhart</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Chronic Myocarditis and</u>  DUE TO (c) <u>Chronic Arterial Hypertension</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>R</u> 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) <u>443 X</u>	
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?	

22. I hereby certify that I attended the deceased from 5-18-, 1958, to 5-18-, 1958, that I last saw the deceased alive on 5-18-, 1958, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Recinski, D.O.</u>		(Degree or title)		23b. ADDRESS <u>Van Buren, Mo.</u>	
23c. DATE SIGNED <u>5-19-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-21-58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hunter Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Octa Henson Beaton</u>	
DATE REC'D BY LOCAL REG <u>May 21-58</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Henson Beaton</u>		ADDRESS <u>Van Buren</u>	

MO

RECEIVED

MAY 22 1958

CARTER COUNTY  
HEALTH CENTER

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.....  
Signature of Student Embalmer

Signed *Leaton Perwith*

Licensed Embalmer No. 2287

P. O. Address Van Buren

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.