

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**163-042821**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 27 Primary Registration District No. 4036 Registrar's No. 191 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB      AMENDED

<b>FILED NOV 19 1963</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <b>Bates</b>	<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Bates</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rich Hill</b>	Length of stay in 1b <b>3 weeks</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Shady Rest Home</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (If outside, give location) <b>102 West Maple St</b>	
<b>3. NAME OF DECEASED</b> First Middle Last <b>CHARLEY HART</b>	
<b>4. DATE OF DEATH</b> Month Day Year <b>November 6 1963</b>	
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>
<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>7/15/81</b>
<b>9. AGE (last birthday)</b> <b>82</b>	
IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>miner</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>coal</b>
<b>11. BIRTHPLACE</b> (City and state or country) <b>Bates County, Mo.</b>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>John W. Hart</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary E. Boon</b>
<b>14. NAME OF HUSBAND OR WIFE</b> <b>deceased</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>
<b>17. INFORMANT</b> <b>Mrs. Dema Cammeron-Rich Hill, Mo.</b>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial heart disease</b> <b>Ischemic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ischemic heart disease</b> DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>
<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
<b>21. I attended the deceased from</b> <b>June 1961</b> , to <b>Nov 4 1963</b> and last saw him alive on <b>Nov 4 1963</b> Death occurred at <b>6 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
<b>22a. SIGNATURE</b> (Degree or title) <b>Demetrius G. Green</b> M.D.	<b>22b. ADDRESS</b> <b>Rich Hill, Mo</b>
<b>22c. DATE SIGNED</b> <b>Nov 8 1963</b> (State)	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>buried</b>	<b>23b. DATE</b> <b>11/10/63</b>
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Green Lawn Cemetery</b>	
<b>23d. LOCATION</b> (City, town, or county) <b>Rich Hill, Missouri</b>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Baith Funeral Serv-Rich Hill, Mo.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>11-11-1963</b>
<b>26. REGISTRAR'S SIGNATURE</b> <b>Thomas Jay Wilson</b>	

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 John H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

Permit issued 11-11-63 NUB