

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9361

State File No.

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 5892 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>Erson Rural Harrison</u>		c. CITY OR TOWN <u>Erson Rural Harrison</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>EMMA</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>HART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 21-1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 30-1891</u>
9. AGE (In years last birthday) <u>69</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Russellville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>A. Enloe</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Hunter</u>	14. NAME OF HUSBAND OR WIFE <u>E. B. Hart Erson Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joy Campbell Erson Mo.</u> ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma of Liver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>156A</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Jan 7, 1951</u> , to <u>Mar 21, 1951</u> , that I last saw the deceased alive on <u>Mar 21, 1951</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. M. Elshorn D.O.</u> (Degree or title)		23b. ADDRESS <u>Russellville</u>	23c. DATE SIGNED <u>3/23/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar 23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Point CEM</u>	24d. LOCATION (City, town, or county) (State) <u>High Point Mo</u>
DATE REC'D BY LOCAL REG. <u>3/26/51</u>	REGISTRAR'S SIGNATURE <u>C. H. Nail</u> 198	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

680
1

RECEIVED 3-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-29-51

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 *W. Steppers*

Licensed Embalmer No. 2707

P. O. Address *Russville 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.