. No. 300
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FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13055
State File No.

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hillsboro ~~Hillsbrough~~
c. LENGTH OF STAY (In this place) 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cedar Grove Hillsbrough Nursing Hm.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre 0941
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) a. (First) Artiemissie b. (Middle) c. (Last) Hart

4. DATE OF DEATH (Month) April (Day) 1 (Year) 1951

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	Jan. 16, 1855	96	2	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Ste. Genevieve County
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph
13b. MOTHER'S MAIDEN NAME Margaret Andrews
14. NAME OF HUSBAND [redacted] John Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Joseph Henson, Illinois

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene, dry, of right leg — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — [redacted] 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Infirmities of old age.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4/501
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 19 50, *to* April 1, 19 51, *that I last saw the deceased alive on* March 28, 19 51, *and that death occurred at* 2:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.
23b. ADDRESS DeSoto, Mo
23c. DATE SIGNED 4-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-3-51
24c. NAME OF CEMETERY OR CREMATORY Asbury Cemetary
24d. LOCATION (City, town, or county) (State) Bonne Terre MO.

DATE REC'D BY LOCAL REG. 4-16-51
REGISTRAR'S SIGNATURE 141 Kathleen Marsden
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. J. Boyer & Son Desloge Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

16-51

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 4-26-51

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed B. T. Boyer

Signed.....
Student Embalmer

Licensed Embalmer No. 3660

P. O. Address Des Cogs, 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.