MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0034594
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 134

FILED AUG 17 1966

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0850
2 0660
3
4 0
5 1
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9 442X
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12 1-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: PULASKI
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WAYNESVILLE — Length of stay in 1b: 3 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: PULASKI COUNTY MEMORIAL HOSP. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MILLER
c. CITY OR TOWN: IBERIA — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): IBERIA MO. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First JOHN Middle WILLIAMS Last AHART

4. DATE OF DEATH: Month AUG. Day 4 Year 1966

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☑ **Never Married** ☐ **Widowed** ☐ **Divorced** ☐

8. DATE OF BIRTH: OCT. 16 1873

9. AGE (last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): MILLER COUNTY MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILLIAM AHART

13b. MOTHER'S MAIDEN NAME: MARTHA BRUMLEY

14. NAME OF HUSBAND OR WIFE: SARAH AHART

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.: 499-03-1269

17. INFORMANT: SARAH AHART Address: IBERIA MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cardio vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): hypertension — unknown

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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from last hospitalization and last saw him alive on 8-4-66

Death occurred at 4:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. E. Robertson (Degree or title) MD

22b. ADDRESS Waynesville, Missouri

22c. DATE SIGNED 8-6-66

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: AUG. 7 1966

23c. NAME OF CEMETERY OR CREMATORY: JARRETT CEMETERY

23d. LOCATION (City, town, or county) (State): MILLER COUNTY MO.

24. FUNERAL DIRECTOR: Conner-Vernon — **ADDRESS**: Iberia Mo.

25. DATE RECD. BY LOCAL REG.: 8-11-66

26. REGISTRAR'S SIGNATURE: Rose Kayl

(Licensed Embalmer's Statement on Reverse Side)

To permit obtained (R.R.)

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_____ Signed Gaylord Stevenson
Signature of Student Embalmer

Licensed Embalmer No. 5201

P. O. Address Iberia, 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.