

No. 300
v. 10-48

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5327

49

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 550/2000 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Vaspar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vaspar</u>	
b. CITY OR TOWN <u>Galena</u>	c. LENGTH OF STAY (in this place) <u>3 1/2 yrs.</u>	c. CITY OR TOWN <u>Rural Galena township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home (County line + Tan yard)</u>		d. STREET ADDRESS <u>Rt. #4 SW of city County line + Tan Yard Rd.</u>	

3. NAME OF DECEASED a. (First) <u>Thomas</u> b. (Middle) <u>Nathaniel</u> c. (Last) <u>Hardee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 23 - 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 20 1876</u>	9. AGE (In years last birthday) <u>72</u>	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>Miner (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Alfred Hardee</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Summey</u>	14. NAME OF HUSBAND OR WIFE <u>Eleonor Hardee</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eleonor Hardee</u> ADDRESS <u>dopt. Mo Rt. #4</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular lesion of heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Arthritis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4211</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Jan, 1949, to Feb 23 1949, that I last saw the deceased alive on Feb 23, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Conalus M.D.</u>	23b. ADDRESS <u>210 West 32nd St. N. Mo</u>	23c. DATE SIGNED <u>Feb 25-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>
24d. LOCATION (City, town, or county) (State) <u>Napline Mo</u>		

DATE REC'D BY LOCAL REG. <u>2-26-49</u>	REGISTRAR'S SIGNATURE <u>Edd James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hurlbut Glover</u> ADDRESS <u>Napline Mo.</u>
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by Delores Sampson, Embalmer (Statement on Reverse Side)

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

W. W. Young
210 West 32nd St.

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.

Signed.....

Oral Glover

Signed.....

Student Embalmer

Licensed Embalmer No.

4593

P. O. Address.....

Joplin, 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.