

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

12984

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4267</u>		Registrar's No. <u>3</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Lafayette</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u> / <u>1</u>		c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u> <u>54</u>				
				d. STREET ADDRESS (If rural, give location) <u>8</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Belle</u> b. (Middle) <u>Hardin</u> c. (Last) <u>Washington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1949</u>		
5. SEX <u>Fe 3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb. 1, 1883</u>		
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>unemployed</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>U</u>		
12. CITIZEN OF WHAT COUNTRY? <u>America</u>			13a. FATHER'S NAME <u>Joseph Hardin</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josophine Maberry Odessa, Mo.</u>				
18. CAUSE OF DEATH								
Enter only one cause per line for (a), (b), and (c)								
<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Trichinel Pneumonia</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p align="right"><u>491X</u></p>								
INTERVAL BETWEEN ONSET AND DEATH								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no injury</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Odessa Lafayette Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>March 1, 1949</u> , to <u>April 14, 1949</u> , that I last saw the deceased alive on <u>Apr 14, 1949</u> and that death occurred at <u>4 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature]</u> <u>17</u>				23b. ADDRESS <u>Odessa Mo</u>		23c. DATE SIGNED <u>3/14/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 17, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Apr 17/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>153</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Husman-Sparks Odessa, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed 4-28-49

**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 Wright H. Korman

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 7541

P. O. Address Ocean, Md.

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.