

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1949

State File No. 16311

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 259

49
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN c. LENGTH OF STAY (in this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		d. STREET ADDRESS (If rural, give location) Rte 3 (48th & Range Line)	

3. NAME OF DECEASED (Type or Print) MARGARET	a. (First)	b. (Middle) DEAN	c. (Last) HARDIN	4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 49
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1885	9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 11 Days 6 IF UNDER 2 HRS. Hours 0 Min. 0
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) Fayetteville, Arkansas		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John A. Henbest	13b. MOTHER'S MAIDEN NAME Susan Crume	14. NAME OF HUSBAND OR WIFE Andrew Hardin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Andrew Hardin ADDRESS Joplin, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) glomerulonephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		573X

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) (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 6-2, 1949, to 6-3, 1949, that I last saw the deceased alive on 6-3, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. Slentz, M.D.	23b. ADDRESS 410 Jackson, Joplin, Mo	23c. DATE SIGNED 6-3-49
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 6-5-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Comfort
		24d. LOCATION (City, town, or county) (State) Fayetteville Ark.

DATE REC'D BY LOCAL REG. 6-9-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary, Joplin, Mo. ADDRESS
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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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine 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.