

FILED JUN 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 16725

BIRTH NO. _____		REG. DIST. NO. 243		PRIMARY REG. DIST. NO. 3047		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>Since 1883</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		79	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>900 No. High Street</u>				d. STREET ADDRESS (If rural, give location) <u>900 No. High St.</u>			
3. NAME OF DECEASED (Type or Print) <u>AMOS M. HARDY</u>			a. (First) <u>M.</u> b. (Middle) <u>HARDY</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30 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>JAN 27 1876</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		9. AGE (In years last birthday) Months <u>73</u> Days <u>4</u> Hours <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Green Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>JAMES HARDY</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA SUSAN STRATER</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie HARDY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Hardy Neosho, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach 3 yrs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>151X</u>	
		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.					
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 <u>Neosho</u>		21d. (COUNTY) (STATE) <u>Newton Mo</u>	
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 <u>2-4</u> , 1947, to <u>5-30</u> , 1949, that I last saw the deceased alive on <u>5-30</u> , 1949, and that death occurred at <u>9:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. A. Neysaldy M.D.</u>				23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>5-31-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 4, 1949</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bonnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mortuary</u>		ADDRESS <u>Neosho</u>	

RECEIVED
Neosho Co. Health
District Health Officer No. 679-101
District File Number JUN 6 1949
Late Filed

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 H. Ly-White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.