

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19343**

BIRTH NO. _____ REG. DIST. NO. **839** PRIMARY REG. DIST. NO. **5533** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give town) Forbes-Rural		c. CITY (If outside corporate limits, write RURAL and give township) Forbes-Rural	
c. LENGTH OF STAY (In this place) 14 Years		d. STREET ADDRESS (If rural, give location) *	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Ella	b. (Middle)	c. (Last) Hardaway	4. DATE OF DEATH (Month) (Day) (Year) June 29 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2 1949	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New York State	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William Hardaway
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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. None	17. INFORMANT'S SIGNATURE OR NAME William Hardaway ADDRESS Forbes, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC NEPHRITIS.		INTERVAL BETWEEN ONSET AND DEATH 18 Mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIAL HYPERTROPHY.		6 Mo.
	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"/>
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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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept.**, 1948, to **June 30**, 1949, that I last saw the deceased alive on **June 27**, 1949, and that death occurred at **11:15 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Howard E. Calhoun D.O. (Degree or title)	23b. ADDRESS Oregon Mo.	23c. DATE SIGNED June 30, 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 1, 1949	24c. NAME OF CEMETERY OR CREMATORIUM Highland	24d. LOCATION (City, town, or county) (State) Oregon, Missouri
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DATE REC'D BY LOCAL REG. Jessie	REGISTRAR'S SIGNATURE Elmer	25. FUNERAL DIRECTOR'S SIGNATURE James B. Pettigrew ADDRESS Oregon Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

440



AUG 26 1962

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 James H. Pittz

Licensed Embalmer No. 3192

P. O. Address Oregon, 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.