

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5111 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If legitimation: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hahn Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hahn</u>	
c. LENGTH OF STAY (in this place) <u>8 Mos.</u>		d. STREET ADDRESS (If rural, give location) <u>Liberty Township.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shell Aged Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ben</u>		b. (Middle) _____ c. (Last) <u>Hardesty</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>October 1881</u>
9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Used Furn. Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tony Bond</u> ADDRESS <u>Hahn, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES (b) _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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>10/4/49</u> , 19____, to <u>10/20/49</u> , 19____, that I last saw the deceased alive on <u>10/20/49</u> , 19____, and that death occurred at <u>5:20 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. Myers</u> (Degree or title) _____	23b. ADDRESS <u>Lutesville Mo.</u>	23c. DATE SIGNED <u>10/25/49</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Lutesville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct 26 - 49</u>	REGISTRAR'S SIGNATURE <u>Willie Vandenburg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozy Shattley</u>	ADDRESS <u>Lutesville, Mo.</u>

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

RECEIVED

11-2-49

District Health Officer No. 4

District File Number 1149-14

Date 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.....

Body was not embalmed. Student Embalmer No. .... working under my personal supervision.

Signed.....

Signed..... Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.