

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1691**

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 355

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>	
c. LENGTH OF STAY (In this place) <u>54</u>		d. STREET ADDRESS (If rural, give location) <u>505 E. Lake</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Hardin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	
8. DATE OF BIRTH <u>March 30, 1885</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Joseph Walsh</u>		13b. MOTHER'S MAIDEN NAME <u>Mary O'Hearn</u>		14. NAME OF HUSBAND OR WIFE <u>John Richard Hardin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mildred Putman, Marceline 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Acute Glomerular Nephritis</u> DUE TO (c) <u>Coronary Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>42 hr</u>
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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 April, 1945, to Jan 29, 1950, that I last saw the deceased alive on Jan 28, 1950, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Simon M.D.</u>		23b. ADDRESS <u>Marceline, Mo.</u>		23c. DATE SIGNED <u>1-31-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 31, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Killard</u>	
				24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Jan 31-50</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Quinn</u>		401 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jas M. Laughlin Marceline, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 Francis L. Schaefer

Licensed Embalmer No. 4513

P. O. Address Marceline, 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.