

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9420**

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HOLDEN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL #3 HOLDEN</u>	
c. LENGTH OF STAY (In this place) <u>5 mo</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. HOLDEN</u>			
3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>—</u> c. (Last) <u>HARDIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 9 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN 10 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ON FARM</u>	11. BIRTHPLACE (State or foreign country) <u>JOHNSON CO MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>JOHN HARDIN</u>		13b. MOTHER'S MAIDEN NAME <u>CHARISSA FRANCES</u>	14. NAME OF HUSBAND OR WIFE <u>MATTIE HARDIN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Hardin Holden MD</u> ADDRESS _____
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH _____ 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. <u>Gen Arteriosclerosis</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		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>Feb 2, 1950</u> , to <u>Mar 9, 1950</u> , that I last saw the deceased alive on <u>Mar 8, 1950</u> , and that death occurred at <u>10:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kelly Rawlins M.D.</u> (Degree or title)		23b. ADDRESS <u>Holden MO</u>	
23c. DATE SIGNED <u>3/10/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-11-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BLACKWATER</u>		24d. LOCATION (City, town, or county) (State) <u>HOLDEN MO</u>	
DATE REC'D BY LOCAL REG. <u>Mar 17, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs H V Redford</u> ADDRESS <u>150 E. Broadway Holden Mo</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs E. Conaway</u> ADDRESS _____	

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

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RECEIVED
MAR 21 1950
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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 *M. J. Conroy*

Licensed Embalmer No. 3434

P. O. Address Falden 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.