S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27784

State File No.

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (in this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McFarland Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jennings, U.R.U.
d. STREET ADDRESS (If rural, give location): 7130 Garesche /

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) W. c. (Last) Harding
4. DATE OF DEATH (Month) (Day) (Year): August 8, 1950
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: July 27, 1867
9. AGE (In years last birthday): 83 — If under 1 year: Months 0, Days 11 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motorman
10b. KIND OF BUSINESS OR INDUSTRY: Public Service Co.
11. BIRTHPLACE (State or foreign country): Indiana /
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Joseph Harding
13b. MOTHER'S MAIDEN NAME: Catherine Wolf
14. NAME OF HUSBAND OR WIFE: Clara Harding
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.:
17. INFORMANT'S SIGNATURE OR NAME: Hospital Records — ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral regurgitation. — 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. Old age. — 410X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 19 50 *to* Aug. 8, 19 50 *that I last saw the deceased alive on* Aug. 8, 19 50, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Sidney McFarland (Degree or title)
23b. ADDRESS: Rolla Mo.
23c. DATE SIGNED: Aug. 9-'50

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Aug. 8, 1950
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cem.
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: 8-8-50
REGISTRAR'S SIGNATURE: Nadine L. Stollo 388
25. FUNERAL DIRECTOR'S SIGNATURE: M. L. Stollo — ADDRESS: Rolla, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-15-50
Phelps County Health Officer,

County File Number _____
Date Filed 8-17-50.

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 _____,

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3643

P. O. Address Rolla, 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.