

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33811

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 422

0484
0

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE ; RURAL : BLUE <u>0484</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM & HOSP.		d. STREET ADDRESS (If rural, give location) ROUTE NO. 4.	

3. NAME OF DECEASED (Type or Print) a. (First) LLOYD b. (Middle) G. c. (Last) HARDING			4. DATE OF DEATH (Month) (Day) (Year) OCT. 31 1950		
5. SEX MALE <u>0</u>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED <u>1</u>	8. DATE OF BIRTH SEPT. 13, 1896		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY		10b. KIND OF BUSINESS OR INDUSTRY LAW		11. BIRTHPLACE (State or foreign country) COUNCIL BLUFFS IOWA <u>1</u>	
13a. FATHER'S NAME GEO. JACKSON HARDING			13b. MOTHER'S MAIDEN NAME IDA C. COOK		14. NAME OF HUSBAND OR WIFE LEAH M. HARDING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) FIRST WORLD WAR		16. SOCIAL SECURITY NO. 440-07-4863		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LEAH M. HARDING, RT. 4 INDEPENDENCE, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4501
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	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 Heart + Infection		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur H. Quinn, Coroner		23b. ADDRESS 1034 Pacific Bldg.		23c. DATE SIGNED 11-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL <u>1</u>		24b. DATE (NOV) 2 1950	24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE		24d. LOCATION (City, town, or county) (State) INDEPENDENCE MISSOURI
DATE REC'D BY LOCAL REG. Nov. 2, 1950	REGISTRAR'S SIGNATURE James S. Galt <u>354</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Henry W. Stahl INDEPENDENCE MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *W. M. Neir*

Signed.....
Student Embalmer

Licensed Embalmer No. *3156*

P. O. Address *Indep. 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.