No. 300
10.48

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39625

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6212 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Fair Haven" - Bacon Twp
c. LENGTH OF STAY (in this place): about 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Fair Haven" - Bacon Twp
d. STREET ADDRESS (If rural, give location): Harwood Mo. R#1

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Lee c. (Last) Hardie

4. DATE OF DEATH (Month) 11 (Day) 27 (Year) 50

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 10, 1905
9. AGE (In years last birthday): 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): structural steel worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arthur, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John W. Hardie
13b. MOTHER'S MAIDEN NAME: Viola Suggs
14. NAME OF HUSBAND OR WIFE: Laurabelle Hardie

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.: 496-01-7075
17. INFORMANT'S SIGNATURE OR NAME: Henry C. Hardie ADDRESS: 3812 E. 9th St. K.C. Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Tuberculosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Luetic 002X

INTERVAL BETWEEN ONSET AND DEATH

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* 9/11, 1950 *to* 11/25, 1950 *that I last saw the deceased alive on* 11/25, 1950 *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. O. Bjerke (Degree or title) D.O.
23b. ADDRESS: Rockville Mo.
23c. DATE SIGNED: 11/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 28, 1950
24c. NAME OF CEMETERY OR CREMATORY: Flat Rock Cemetery
24d. LOCATION (City, town, or county): Vernon Co. (State) Mo.

DATE REC'D BY LOCAL REG.: Nov. 28-1950
REGISTRAR'S SIGNATURE: Mrs Sarah E Gray 329
25. FUNERAL DIRECTOR'S SIGNATURE: Lewis & Son ADDRESS: Schell City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED DEC 4 1950
Dist. File 1250-2386
Date Filed 12-5-50

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Signed Marion M. Lewis

Signed .....
Student Embalmer

Licensed Embalmer No. 3084

P. O. Address Sikeston City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.