

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41498

FILED DEC 21 1950

4320 State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5761</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Marion</u>		b. STATE <u>Missouri</u>		c. COUNTY <u>Lewis</u>		d. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Palmyra</u>		c. LENGTH OF STAY (in this place) <u>3 Weeks</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Maple Lawn Rest Home</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Albert</u>			b. (Middle) <u>Hardin</u>			c. (Last) <u>Hardin</u>	
(Type or Print)			(Month) (Day) (Year)			<u>Dec. 12th 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>10/4/1881</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>        </u>		IF UNDER 24 HRS. Days <u>        </u>		Hours Min. <u>        </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			11. BIRTHPLACE (State or foreign country) <u>Ralls Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Gerge Hardin</u>			13b. MOTHER'S MAIDEN NAME <u>Emily Pryor</u>			14. NAME OF HUSBAND OR WIFE <u>Single</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>S. A. Drake</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				ADDRESS <u>Palmyra Mo.</u>	
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) <u>Bronchial Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		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.					
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) (Min.)		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>Dec 7</u> , 19 <u>50</u> , to <u>Dec 12</u> , 19 <u>50</u> that I last saw the deceased alive on <u>Dec 11</u> , 19 <u>50</u> , and that death occurred at <u>8 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. R. Rine</u>				23b. ADDRESS <u>Palmyra Mo</u>		23c. DATE SIGNED <u>12/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/16/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Durham Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Durham Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/15/50</u>		REGISTRAR'S SIGNATURE <u>By T. S. ...</u>		FURNERAL DIRECTOR'S SIGNATURE <u>F. J. Sprague</u>		ADDRESS <u>Palmyra Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DEC 10 1950  
MARION CO. HEALTH DEPT.  
MAILED DEC 10 1950

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed E. J. Spang

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.