

FILED FEB 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2145

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) Humansville		c. CITY (If outside corporate limits, write RURAL and give township) Rural Roscoe Twp.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Millard		b. (Middle) Fillmore		c. (Last) Hardy		4. DATE OF DEATH (Month) (Day) (Year) 1-30-51	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-12-81.		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George		13b. MOTHER'S MAIDEN NAME Anna Arnold		14. NAME OF HUSBAND OR WIFE Martha	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Mrs Martha Hardy, Roscoe, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1222 ?	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Syphilis, Testis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 1-17, 1951, to 1-30, 1951, that I last saw the deceased alive on 1-30, 1951, and that death occurred at 10-15A m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Roberson (Degree or title) MD		23b. ADDRESS Humansville, Mo		23c. DATE SIGNED 1/30/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-1-51.		24c. NAME OF CEMETERY OR CREMATORY Norris Cemetery	
24d. LOCATION (City, town, or county) (State) Roscoe, Mo.					

DATE REC'D BY LOCAL REG. Feb. 1, 1951		REGISTRAR'S SIGNATURE Ralph Borden per Duell Borden		25. FUNERAL DIRECTOR'S SIGNATURE Primm Funeral Home, Humansville	
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(Licensed Embalmer's Statement on Reverse Side)

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

840
1

DIVISION OF HEALTH DEPT. OF MO.

District No. 5 - Springfield

RECEIVED FEB 7 1954

Dist. File # 257-336

Date Filed 2-8-54

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 O. H. Beckwith

Signed
Student Embalmer

Licensed Embalmer No. 3987

P. O. Address Humansville 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.