

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

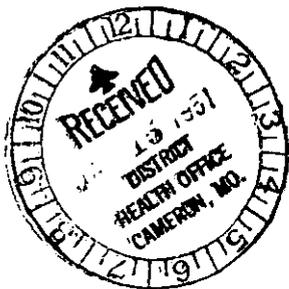
State File No. 2220

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 5

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| b. CITY OR TOWN <u>Richmond</u> | | c. CITY OR TOWN <u>Richmond</u> | |
| c. LENGTH OF STAY (in this place) <u>several yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Darneal Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Darneal Street</u> | | e. STREET ADDRESS (If rural, give location) <u>0</u> | |
| 3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Washington</u> c. (Last) <u>Hardison</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 9, 1951</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 16, 1871</u> |
| 9. AGE (In years last birthday) <u>79</u> | 10. MONTHS <u>7</u> | 11. DAYS <u>23</u> | 12. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Thomas Hardison</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Bouher</u> | 14. NAME OF HUSBAND OR WIFE <u>Nancy Louise Hardison</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Nancy Louise Hardison, Richmond, Mo.</u> ADDRESS <u>Richmond, Mo.</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442x</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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 <u>Dec. 10, 1950</u> , to <u>Jan 9, 1951</u> , that I last saw the deceased alive on <u>Jan 9, 1951</u> , and that death occurred at <u>10:10 P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>D. E. G. Revon A.B. D.D.</u> (Degree or title) | | 23b. ADDRESS <u>Richmond, Mo.</u> | 23c. DATE SIGNED <u>1/11/51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 11, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u> | 24d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>Jan 13 - 1951</u> | REGISTRAR'S SIGNATURE <u>Malcol Jackson</u> <u>293</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u> ADDRESS <u>Richmond, Mo.</u> | |

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

1891



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.

Student
Student Embalmer

Signed Thomas J. Carter.....

Licensed Embalmer No. 4474.....

P. O. Address Richmond, 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.