

FILED MAY 3 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **11414**

0013
 4

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>115</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>7 1/2 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0010</u> OR TOWN <u>Kirksville</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>Community Nursing Home #1</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2</u>		
3. NAME OF DECEASED a. (First) <u>James</u>		b. (Middle) _____	c. (Last) <u>Hardin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 24 1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>July 19, 1871</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>9</u> IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>John Hardin</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Willis</u>		14. NAME OF HUSBAND OR WIFE <u>Lura Crow</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Crow</u> ADDRESS <u>Kirksville Mo</u>
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) <u>Coronary Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Accident, probably embolic</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right sided paralysis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>25 min</u> <u>1 yr. 3 mo.</u> <u>15 yrs.</u> <u>1 yr. 3 mo.</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) <u>332X</u>
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>Feb. 1</u> , 19 <u>51</u> , to <u>April 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 24</u> , 19 <u>51</u> , and that death occurred at <u>4:10 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Carol J. Johnson</u> (Degree or title) _____		23b. ADDRESS <u>D.O. 21 Kirksville, Mo.</u>		23c. DATE SIGNED <u>4-24-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/26/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jewell</u>	24d. LOCATION (City, town, or county) (State) <u>Adair Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-26-51</u>		REGISTRAR'S SIGNATURE <u>Walter Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul W. Riley</u> ADDRESS <u>Kirksville, Mo.</u>

Date Received: APR 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-816
Date Filed: MAY 1 1951

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 _____

Rollie Tessel

Licensed Embalmer No. _____

4690

P. O. Address _____

Kirksville, Md.

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.