

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20172**  
Registrar's No. **2486**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>7 MOS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - MISSION</b>	8/150 14
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3918 - CHARLOTTE</b>		d. STREET ADDRESS (If rural, give location) <b>5204 - CATALINA</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>DORA</b>	b. (Middle) <b>-</b>	c. (Last) <b>HARDY</b>	(Month) <b>JUNE</b>	(Day) <b>10</b>	(Year) <b>1951</b>

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT. 8, 1875</b>	9. AGE (In years last birthday) <b>75</b>	if UNDER 1 YEAR	if UNDER 2 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOMEMAKING</b>	11. BIRTHPLACE (State or foreign country) <b>ENGLAND 4</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>WILLIAM HENDERSON</b>	13b. MOTHER'S MAIDEN NAME <b>JANE HATHWAY</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGE HARDY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>RONALD G. HARDY</b>	ADDRESS <b>MISSION, KS.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Embolus, left leg</b>	DUE TO (b) <b>Auricular fibrillation</b>		<b>3 hours</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <b>Generalized arteriosclerosis</b>		<b>unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Repeated cerebral thromboses</b>			<b>years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 11-16, 1950, to 6-10, 1951, that I last saw the deceased alive on 6-10, 1951, and that death occurred at 4:42 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. A. Sientz</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>215 Plaza Med. Bldg. K.C. Mo.</b>	23c. DATE SIGNED <b>6-11-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE 12, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-11-51</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FOREMAN OF DIRECTOR'S SHERIFF'S ADDRESS <b>R. Han [unclear] - Mission, Ks.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*R Alan Giffith*

Licensed Embalmer No. *4485*

P. O. Address *Mission, Kansas*

**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.