

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27377

FILED AUG 30 1951

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>390</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> <u>0495</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		c. CITY OR TOWN <u>Joplin</u> <u>0495</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>115 N. Pearl</u> <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilbert</u> b. (Middle) <u>Jackson</u> c. (Last) <u>HARDESTY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 20, 1951</u>					
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> <u>3</u>		8. DATE OF BIRTH <u>June 10, 1899</u>		9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Charles Hardesty</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W. #1</u>		16. SOCIAL SECURITY NO. <u>441-03-1425</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Hardesty</u> ADDRESS <u>523 St. Louis Joplin</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion with myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> ANTECEDENT CAUSES <u>at least 2 years</u> DUE TO (b) <u>Arteriosclerotic heart disease and cardiac decompensation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Coronary occlusion with acute anterior-lateral myocardial infarction</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>about 11 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) _____				
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>7-2</u> , 19 <u>51</u> , to <u>8-20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-20</u> , 19 <u>51</u> , and that death occurred at <u>11:45pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Wm. S. Buttner, M.D.</u> (Degree or title)				23b. ADDRESS <u>410 Jackson, Joplin, Mo</u>		23c. DATE SIGNED <u>8-23-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/23/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fidelity Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-24-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>138</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mott, Joplin, Mo.</u>				

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

RECEIVED *B-27-51*

Jasper County Health Office

County File Number *51/3/678*

Date Filed *8-29-51*

SEP 5 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles E. Frey

Signed.....
Student Embalmer

Licensed Embalmer No. *4768*

P. O. Address: *Joplin, 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.