

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27726

0737  
T.O.

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u>		
b. CITY OR TOWN <u>NEOSHO</u>		c. LENGTH OF STAY (in this place) <u>2 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ANDERSON</u> <u>0600</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SAFE MEMORIAL HOSP.</u>			d. STREET ADDRESS (If rural, give location) <u>RURAL</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>HOWARD</u>	b. (Middle) <u>BARTON</u>	c. (Last) <u>HARDEE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-15-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N.M.</u>	8. DATE OF BIRTH <u>Oct 1 1934</u>	9. AGE (In years last birthday) <u>13</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>WAGONER OKLA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William H HARDEE</u>		13b. MOTHER'S MAIDEN NAME <u>Ehba A Buey</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Ella A. Nighthiser ne</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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burn - gasoline - extreme</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9160</u> <u>16</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ANDERSON MCDONALD MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 13 1951 4 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2 mixed gasoline soaked clothing while lighting cigarettes</u>			
22. I hereby certify that I attended the deceased from <u>13 July, 1951</u> , to <u>15 JULY, 1951</u> , that I last saw the deceased alive on <u>15 July, 1951</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>R. J. Taylor MD</u> (Degree or title)			23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>16 Aug. 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PINEVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PINEVILLE, MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 17, 1951</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. M. Humphrey Neosho, Mo.</u>		

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 821-197

Date Filed AUG 32 1951

NEOSHO, MISSOURI

AUG 27 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 J. W. Humphrey Jr.

Licensed Embalmer No. 14708

P. O. Address Noel, 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.