

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33603

State File No.

FILED OCT 20 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4206

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>65 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4340 Oak Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4340 Oak Street</u>		d. STREET ADDRESS (If rural, give location) <u>4340 Oak Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPH</u>	b. (Middle) <u>A.</u>	c. (Last) <u>HARDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 3 51</u>
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5. SEX <u>Ma</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>11-5-1855</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret'd Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Public S.Co</u>	11. BIRTHPLACE (State or foreign country) <u>Logansport, Indiana /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>No Record</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>XX</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-14-6657A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.J. McBride, c/o Union Nat'l Bank</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis of</u> DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>3 1/2 *</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 1942 to 10-2, 1951, that I last saw the deceased alive on 10-2, 1951 and that death occurred at 9:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl N. Lindquist M. Doctor (or title)</u>	23b. ADDRESS <u>D106 W 14th K.C. Mo</u>	23c. DATE SIGNED <u>10-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-4-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Logansport, Indiana</u>
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DATE REC'D BY LOCAL REG. <u>10-3-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Wagner K.C. Mo</u>
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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.

Student
Student Embalmer

Signed Alvin R. Harnscheidt

Licensed Embalmer No. 4159

P. O. Address K. E. 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.