

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44080

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 8041 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>Macon D611</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon D611</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>320 Union</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Marion</u> c. (Last) <u>Hardister</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 26 51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 23, 1873</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Logan Hardister</u>		13b. MOTHER'S MAIDEN NAME <u>Celia Moss</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ruth Hardister</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) _____		16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruth Hardister Macon, 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 Heart Disease</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>none</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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>Feb</u> , 19 <u>51</u> , to <u>26 Dec</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>26 Dec</u> , 19 <u>51</u> , and that death occurred at <u>8:00 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. K. Eggleston</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Macon Mo.</u>	
23c. DATE SIGNED <u>Jan 3-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 30, 51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cem. Macon</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-7-52</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> 185	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephen A. Goodling</u>		ADDRESS <u>Macon, Mo.</u>	

(Licensed Embalmer's Statement (Reverse Side))

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

RECEIVED 1.10.52  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 15712  
Date Filed 1.15.52

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.....  
Student Embalmer

Signed, *Charles L. Tutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, 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.