

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5111</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>rural Liberty</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>rural Liberty or 9th</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New M^cLee</u>				d. STREET ADDRESS (If rural, give location) <u>New M^cLee</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JESS</u>	b. (Middle)	c. (Last) <u>HARDESTY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>		8. DATE OF BIRTH <u>Dec. 12, 1887</u>	
9. AGE (in years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u>		IF UNDER 3 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Framing</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Framing</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John Hardesty</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Ouster</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Hardesty M^cLee</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Hardesty M^cLee 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis + Endocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</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) (Min.)		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>1938</u> , to <u>Feb. 1</u> , 1952, that I last saw the deceased alive on <u>Feb. 1</u> , 1952, and that death occurred at <u>8:15A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E.C. Masters</u> (Degree or title) <u>V</u>				23b. ADDRESS <u>So. Advance Mo.</u>		23c. DATE SIGNED <u>2-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb. 3, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jamison</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 9, 1952</u>		REGISTRAR'S SIGNATURE <u>Willie Vandenburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clay S. Morgan</u> ADDRESS <u>Advance Mo.</u>			

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

0090

7.3.51

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 _____

William H. Morgan

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *William H. Morgan*

Licensed Embalmer No. *7640*

P. O. Address *Albany, Me.*

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.