

5. No. 300
v. 10.48

1993

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 700 PRIMARY REG. DIST. NO. 5725 Registrar's No. 3

3616
4

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Rural-Hudson (mos.)</u>		c. CITY OR TOWN <u>Rural-Chariton 0110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeview Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi SW of Macon</u>	

3. NAME OF DECEASED (Type or Print) <u>Samuel</u>	a. (First)	b. (Middle) <u>Hardister</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3 1952</u>
--	------------	------------------------------	-----------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 20, 1873</u>	9. AGE (In years, last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hour Min.
--------------------	-------------------------------	---	---------------------------------------	--	----------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer - Ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm labor</u>	11. BIRTHPLACE (State or foreign country) <u>Macon Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>William Hardister</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Gooding</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 <u>Mrs. Mollie Lucas</u>	ADDRESS <u>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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>Cerebral Vasculocclusion</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>331X</u>
--	--	--

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 10-22-52, 1952, to 1/31, 1952, that I last saw the deceased alive on 1/27, 1952, and that death occurred at 11:20 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>C. L. Rudebeck, D.O.</u> (Degree or title)	23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>1/7/52</u>
--	---------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/6/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem</u>	24d. LOCATION (City, town, or county) (State) <u>Macon Co., Mo.</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-21-52</u>	REGISTRAR'S SIGNATURE <u>Paul McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>	ADDRESS <u>Macon, Mo.</u>
---	---	--	---------------------------

RECEIVED 1.29.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 152.25
Date Filed 2.1.52

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thos. L. Boff

Licensed Embalmer No. 4552

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.