

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19467

0117

0

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 593

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Joseph  
c. LENGTH OF STAY (in this place) 4 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Metho. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Andrew  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph  
d. STREET ADDRESS (If rural, give location) RR #3, 3 miles No. Hwy.#71

3. NAME OF DECEASED (Type or Print)  
a. (First) ALEXANDER b. (Middle) PHILLIP c. (Last) HARDIN

4. DATE OF DEATH (Month) (Day) (Year) June 2, 1952

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Mar. 21, 1896 9. AGE (In years last birthday) 56 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) Ret. Policeman 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Nodaway, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alex Hardin 13b. MOTHER'S MAIDEN NAME unk Lusher 14. NAME OF HUSBAND OR WIFE Senova J. Hardin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. #2 16. SOCIAL SECURITY NO. unknown 17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS Mrs Senova Hardin, RR #3, St. Joseph

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) Trauma to abdomen and perforation of small bowel  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Trauma to abdomen  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS E9121 3  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 4 days

19a. DATE OF OPERATION 5-31-52 19b. MAJOR FINDINGS OF OPERATION Perforation of Small bowel + hemorrhage 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Buchanan Mo.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-29-52 11:30A 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Struck in abdomen by chain saw

22. I hereby certify that I attended the deceased from May 29, 1952 to June 2, 1952, that I last saw the deceased alive on June 2, 1952, and that death occurred at 4:10P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John S. Kirk M.D. 23b. ADDRESS Phys + Surgs Bldg. 23c. DATE SIGNED 6-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-5-52 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. 6-10-1952 REGISTRAR'S SIGNATURE Carl C. Bastele 446 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Water-Bowman Funeral Home, St. Joseph

**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 \_\_\_\_\_

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St, Memphis

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.