

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28071**  
**3696**

**AUG 30 1952**  
BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON 4</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY 25, 98</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MARY'S NEST HOME</b>		d. STREET ADDRESS (If rural, give location) <b>2024 SUMMIT STREET 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARA</b> b. (Middle) <b>MAY</b> c. (Last) <b>HARDIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 17, 1952</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV. 10, 1877</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 WKS. Hours	IF UNDER 1 WKS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MCCOUPIN COUNTY, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM SUTTON</b>	13b. MOTHER'S MAIDEN NAME <b>NANCY SNELL</b>	14. NAME OF HUSBAND OR WIFE <b>JAMES E. HARDIN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>MRS. MARCELLA KINSER 1645 SUMMIT ST. K.O. MO.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b> <b>4 mos.</b>  <b>157h</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Pancreas</b>		
	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.			

19a. DATE OF OPERATION <b>Apr 1952</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Pancreas</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 **April 1952**, to **July 25, 1952**, that I last saw the deceased alive on **July 25, 1952**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>By Glen H. Brayles M.D. (Degree or title)</b>	23b. ADDRESS <b>1222 W 39</b>	23c. DATE SIGNED <b>Aug 18 '52</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG. 19, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>WARRENSBURG MO</b>
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DATE REC'D BY LOCAL REG. <b>8-19-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>D. W. Newcomer's Son, 71331 BRUSH CREEK, Kans. City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Robert Ray* \_\_\_\_\_

Licensed Embalmer No. *4182* \_\_\_\_\_

P. O. Address *K.C., 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.