

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

**30795**

State File No. ....

FILED SEP 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 1000 Registrar's No. 977

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Township</u>	
c. LENGTH OF STAY (In this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>R # 5 St. Joseph, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Charles</u> b. (Middle) _____ c. (Last) <u>Hardin</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>September 10, 1952</u>	
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never married</u>	<b>8. DATE OF BIRTH</b> <u>October 15, 1876</u>	<b>9. AGE</b> (In years last birthday) <u>75</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 2 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Common Labor</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Agency, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Notgiven Unknown</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Ernest Thornton</u>	<b>ADDRESS</b> <u>R#5 St. Joseph, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pulmonary Edema</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 day</u>	
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Vascular Accident</u>			<u>4 days</u>
	DUE TO (c) _____			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** 5-12, 1952, to 9-9, 1952, that I last saw the deceased alive on 9-9, 1952, and that death occurred at 7:32A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Ernest W. Slaney MD</u>	<b>23b. ADDRESS</b> <u>Tootle Building St. Joseph, Missouri</u>	<b>23c. DATE SIGNED</b> <u>9-15-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Sept. 13, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Odd Fellows Public Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Sept 17, 1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Carl C. Casper</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Arthur Henschler</u>	<b>ADDRESS</b> <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0110

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

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Student Embalmer No. \*\*\*\* \*\*\*\*\*

working under my personal supervision.

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Student .....  
Student Embalmer

Signed

*Raymond W. Morehead*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.