

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

480  
5

FILED NOV 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Indep. Mo.</u>	
c. LENGTH OF STAY (in this place) <u>64-9TH-19</u>		d. STREET ADDRESS (If rural, give location) <u>922 V. Dodgion</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jackson County Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>D</u> c. (Last) <u>HARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-1952</u>		
--	--	--	--	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>12-28-1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____
-----------------	---------------------------	--	------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CARPENTER BUILDING TRADE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HAMBURG, IOWA</u>	11. BIRTHPLACE (State or foreign country) <u>IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>JOHN V. BARD</u>	13b. MOTHER'S MAIDEN NAME <u>ADELAIDE DANN</u>	14. NAME OF HUSBAND OR WIFE <u>LAURA BARD (deceased)</u>
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-10-5205</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jackson Co. Home, Rt. #4 - Indep. Mo.</u>	ADDRESS _____
--	--	--	---------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arricular Fibrillation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>444X</u> YES <input type="checkbox"/> NO <input 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) _____	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 10-7, 1952, to 10-28, 1952, that I last saw the deceased alive on 10-27, 1952, and that death occurred at 12:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. S. P. ...</u> (Degree or title)	23b. ADDRESS <u>185 S. ...</u>	23c. DATE SIGNED <u>10/29/52</u>
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE MO.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>OCT. 30, 1952</u>	REGISTRAR'S SIGNATURE <u>Edward C. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. ...</u>	ADDRESS _____
---	--	---	---------------

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

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-----

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ernest W. Halbrook*

Signed.....

Student Embalmer

Licensed Embalmer No. *4901*

P. O. Address *Independence, 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.