

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48 F1

ED JAN 9 1953

BIRTH NO. REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 44-10 Registrar's No. 344

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Ripley</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u> | | c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Doniphan</u> <u>0910</u> | |
| c. LENGTH OF STAY (in this place) <u>6 1/2 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>605 Jackson</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>605 Jackson</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>Jacob</u> | | | a. (First) | | | b. (Middle) | | | c. (Last) | | | 4. DATE OF DEATH <u>Nov. 5, 1952</u> (Month) (Day) (Year) | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Sept. 21, 1870</u> | | | 9. AGE (In years last birthday) <u>82</u> | | IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u> | | IF UNDER 24 HRS. Hours <u></u> Mins. <u></u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u> | | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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|--|--|--|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Caleb Hardcastle</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Like Like</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Nora Hardcastle</u> | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Nora Hardcastle</u> | | ADDRESS <u>Doniphan, Mo.</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | | |
| | | DUE TO (b) <u>Memoria following</u> | | | | | | | |
| | | DUE TO (c) <u>Renal Calculus of 6 mo.</u> | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| | | <u>Infection of Urinary</u> | | | | | | | |
| | | <u>Bladder</u> | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>602X</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 1-1-52, to 11-6-52, that I last saw the deceased alive on 11-3-52 and that death occurred at 8 am from the cause and on the date stated above.

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| 23a. SIGNATURE <u>Clifford G. ...</u> (Degree or title) | | 23b. ADDRESS <u>Doniphan Mo</u> | | 23c. DATE SIGNED <u>12-8-52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> DATE <u>Nov. 7, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Doniphan, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>12-8-52</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>277</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Black-Edwards</u> ADDRESS <u>Doniphan, Mo.</u> | |
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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 George P. Kerley

Licensed Embalmer No. 4752

P. O. Address Doniphan 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.