

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6886

State File No. \_\_\_\_\_

FILED MAR 12 1953

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>5773</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Morgan 1wp</u>		c. LENGTH OF STAY (If place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>0650</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercer Co. Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>10</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Honora</u> b. (Middle) _____ c. (Last) <u>Hardy</u>		4. DATE OF DEATH (Month) <u>5</u> - (Day) <u>8</u> - (Year) <u>53</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>5-24-1869</u>		9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Racine Wis.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Hardy</u>		13b. MOTHER'S MAIDEN NAME <u>Honora Hardy</u>		14. NAME OF PHYSICIAN OR LIFE <u>Earl Hardy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or type of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. W. Harp</u> ADDRESS <u>Princeton, Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of glands of neck</u> ANTECEDENT CAUSES Morbidity 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. <u>1981</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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 <u>March 7, 1953</u> , to <u>Nov 5, 1953</u> , that I last saw the deceased alive on <u>March 8, 1953</u> and that death occurred at <u>Princeton, Mo</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Perry MD</u> (Degree or title)				23b. ADDRESS <u>Princeton Mo</u>		23c. DATE SIGNED <u>Nov 9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grundy Co., Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-9-53</u>		REGISTRAR'S SIGNATURE <u>Jul M. Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u>		ADDRESS <u>Princeton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1650

**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 *Paul M. [Signature]* \_\_\_\_\_

Licensed Embalmer No. *2634* \_\_\_\_\_

P. O. Address *Funeral Home* \_\_\_\_\_

**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.