

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18490

FILED JUN 11 1953

State File No. 1311333

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 724		Registrar's No. 82422	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death or institution) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oronogo		c. LENGTH OF STAY (in this place) 40 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oronogo		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Oronogo, Mo.				d. STREET ADDRESS (If rural, give location) Oronogo, Mo.			
3. NAME OF DECEASED (Type or Print) Alice		a. (First)		b. (Middle) Hardesty		c. (Last)	
4. DATE OF DEATH June 1, 1953		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 11, 1867	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Broughton, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Smith		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Jess Hardesty, Oronogo, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibro Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholecyctitis Anterior Scelerosis DUE TO (c) Acute stage lasted about 2 weeks II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 10/19/43, 1943, that I last saw the deceased alive on May 25, 1953, and that death occurred at 5:00A m., from the causes and on the date stated above.							
23a. SIGNATURE R. M. Stormont (Degree or title) M.D.				23b. ADDRESS Webb City, Missouri		23c. DATE SIGNED 6-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-2-53		24c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery		24d. LOCATION (City, town, or county) (State) Oronogo, Missouri	
DATE REC'D BY LOCAL REG. 6-2-53		REGISTRAR'S SIGNATURE Mrs. Madeline Sinter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-9-53
Jasper County Health Office

County File Number 53-6-500

Date Filed 6-9-53

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

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.