

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24842**

FILED JUL 17 1953

3235

|  |  |   |   |  |   |   |  |
|--|--|---|---|--|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1002</u>   |   | Registrar's No. <u>3235</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>   |  | c. LENGTH OF STAY (in this place)<br><b>3 mo.</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>   |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2326 Troost</b>   |  |   |   | d. STREET ADDRESS (If rural, give location)<br><b>2326 Troost</b>  |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>MR. ERNEST</b>  |  | b. (Middle) <b>FRANK</b>  |   | c. (Last) <b>HARDIN</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 24, 1953</b>             |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never Married</b>   |   | 8. DATE OF BIRTH<br><b>Jan. 26, 1894</b>                                  |  |
| 9. AGE (In years last birthday) <b>59</b>  |  | IF UNDER 1 YEAR<br>Months   |   | IF UNDER 1 YEAR<br>Days  |   | IF UNDER 1 Hrs.<br>Hours  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Chef McCune</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home for Boys</b>   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Independence, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                                |  |
| 13a. FATHER'S NAME<br><b>Thos. R. Hardin</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Alice May</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>---</b> |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>490-09-1839</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mr. Thos. R. Hardin Indep. Mo.</b>   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.              |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary atherosclerotic heart disease</b>  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 hrs</b>                          |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |   |  |   |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br><b>420</b>                 |   |  |   |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   |  |   | 20. AUTOPSY?<br>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) (Min.)   |  | 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 <b>3-1-53</b> , 19____, to <b>6-24-53</b> , that I last saw the deceased alive on <b>6-24-53</b> , and that death occurred at _____ m., from the causes and on the date stated above. |  |   |   |  |   |   |  |
| 23a. SIGNATURE <b>Graham Owens</b> (Degree or title) <b>MD</b>   |  |   |   | 23b. ADDRESS <b>2106 Grand KCMo</b>  |   | 23c. DATE SIGNED <b>6-25-53</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>June 27, 1953</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mound Grove</b>   |   | 24d. LOCATION (City, town, or county) (State)<br><b>Independence, Mo.</b> |  |
| DATE REC'D BY LOCAL REG.<br><b>6-25-53</b>   |  | REGISTRAR'S SIGNATURE<br><b>Heraldine Smith</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Otto M. Mittelbach, Indep. Mo.</b>  |   |   |  |

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed

George H. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep 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.