

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35707**

FILED OCT 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **4219** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY <b>Hickory</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Hickory</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Weaubleau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Weaubleau</b>	
c. LENGTH OF STAY (in this place)		10430	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North Weaubleau</b>		d. STREET ADDRESS (If rural, give location) <b>North Weaubleau</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>	b. (Middle) <b>M</b>	c. (Last) <b>Hardy</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 16-1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Sept-2-1867</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>14</b>	IF UNDER 11 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Hickory County, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James H. Nunn</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Penner</b>	14. NAME OF HUSBAND OR WIFE <b>George Clinton Hardy</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>C. R. Hardy - Jefferson City, Mo</b>	ADDRESS <b></b>
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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, asthenia, 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) <b>Chronic myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Similarity</b> DUE TO (c) <b></b>		
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 <b>4222</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mary Johnson Local Registrar</b>	23b. ADDRESS <b>Hermitage Missouri</b>	23c. DATE SIGNED <b>10-17-53</b>
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24a. BURIAL OR CREMATION-REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-18-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sowers Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Weaubleau, Mo</b>
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DATE REC'D BY LOCAL REG. <b>10-17-1953</b>	REGISTRAR'S SIGNATURE <b>Mary Johnson</b>	464	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herbert Kethaway</b>	ADDRESS <b>1314 Third St</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Chas. Gilbert Withaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, 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.