

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39543**

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>149</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Johnson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>15 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		<u>05/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>				d. STREET ADDRESS (If rural, give location) <u>402 South Holden Street</u>			
3. NAME OF DECEASED		a. (First) <u>Genevieve</u>		b. (Middle) <u>Hardey</u>		c. (Last) <u>Harte</u>	
(Type or Print)		4. DATE OF DEATH <u>Nov. 10, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		<u>Widowed</u>		8. DATE OF BIRTH <u>March 23, 1874</u>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Knobnoster, Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gordon Hardey</u>		13b. MOTHER'S MAIDEN NAME <u>Mierva Lilly</u>		14. NAME OF HUSBAND OR WIFE <u>F. S. Harte</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hardey Adriance, Indianapolis, Ind</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter one occasion per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Cerebral Hemorrhage</u>				<u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Myocardial Cardio-Vascular</u>					
		DUE TO (c) <u>Arteriosclerosis</u>				<u>3 yrs</u>	
		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				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) (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 <u>Nov 6, 1953</u> , to <u>Nov 10, 1953</u> , that I last saw the deceased alive on <u>Nov 10, 1953</u> , and that death occurred at <u>1:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>[Signature]</u>				23b. ADDRESS <u>Warrensburg, Missouri</u>		23c. DATE SIGNED <u>11/11/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 12, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster</u>		24d. LOCATION (City, town, or county) (State) <u>Knobnoster, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 12, 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillipa, Warrensburg, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 23 1953

NOV 16 1953
MISSOURI
JOHNSON COUNTY HEALTH DEPT.

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 _____

John P. Rodgers

Student Embalmer No. 490

working under my personal supervision.

Student John P. Rodgers
Student Embalmer

Signed R. G. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, Missouri

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.