No. 200
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5635

State File No. .....

BIRTH NO: FILED MAR 10 1954 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 47

181

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits write RURAL and give township): Hayti Mo 0181 0
d. STREET ADDRESS (If rural, give location): 111 N. Walnut St

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Hardy

4. DATE OF DEATH (Month) 1 (Day) 4 (Year) 54

5. SEX: Male
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12-1-1890
9. AGE (In years on last birthday): 83 — If under 1 year: Months 1, Days 3 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: Cotton farm
11. BIRTHPLACE (City and State or Foreign Country): Montgomery Co. Miss
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John Hardy Sr.
13b. MOTHER'S MAIDEN NAME: Molly Canada
14. NAME OF HUSBAND OR WIFE: Emma Hardy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Emma Hardy — **ADDRESS**: Hayti 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No Medical Attention — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

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: 79555
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hayti Pemiscot Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-4-54 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: No Medical Attention

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: John H. German (Degree or title): Coroner
23b. ADDRESS: Hayti Mo
23c. DATE SIGNED: 1-10-54
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 10-54
24c. NAME OF CEMETERY OR CREMATORY: Winona Cemetery
24d. LOCATION (City, town, or county) (State): Winona Miss
DATE REC'D BY LOCAL REG.: 2-27-54
REGISTRAR'S SIGNATURE: John W. German 406-1
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] Smith **ADDRESS**: Hayti Mo

(Licensed Embalmer's Statement on Reverse Side)

3-38-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 8 1954

MAR 2 1

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 L M Hill

Licensed Embalmer No. 2627

P. O. Address Gilbourn 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.