

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7867**

BIRTH NO. **FILED APR 8 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **220**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY Reynolds	
b. CITY OR TOWN Poplar Bluff		c. CITY OR TOWN Ruble	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 7 days		e. STREET ADDRESS (If rural, give location) 0900	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Lee c. (Last) Hardesty			4. DATE OF DEATH (Month) (Day) (Year) March 14, 1954		
5. SEX m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 23 1870		9. AGE (In years last birthday) 83 if under 1 year: Months 6 Days 21 if under 6 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Worker		10b. KIND OF BUSINESS OR INDUSTRY Timber	11. BIRTHPLACE (City and State or Foreign Country) Hamilton County, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jesse B Hardesty		13b. MOTHER'S MAIDEN NAME Margaret C Morris		14. NAME OF HUSBAND OR WIFE Louise Hardesty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Louise Hardesty - Ruble	
17. ADDRESS Ruble					

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 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self Injurious Homicide (strangled)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 5605	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) m.	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 3-7, 1954, to 7-14, 1954, that I last saw the deceased alive on 7-14, 1954, and that death occurred at 9:00 pm., from the causes and on the date stated above.

23a. SIGNATURE J. W. Honda, M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 3-20-54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-16-54	24c. NAME OF CEMETERY OR CREMATORY St. Charles	24d. LOCATION (City, town, or county) (State) Reynolds, Mo.	
DATE REC'D BY LOCAL REG. 4/3/54	REGISTRAR'S SIGNATURE R. H. Mueller	25. FEDERAL DIRECTOR'S SIGNATURE Seaton Pruitt Van Buren, Mo.		

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

RECEIVED
APR 5 - 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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.....
Signature of Student Embalmer

Signed *Seaton Pruitt*.....

Licensed Embalmer No. *228*

P. O. Address *Van Buren*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.