

No. 300  
10.48

FILED MAY 19 1954 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17731**

BIRTH NO. **14088-54** REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6244** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <b>Rural-Union</b>		c. CITY OR TOWN <b>Rural-Union</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Near Old Mines mo</b>		e. STREET ADDRESS (If rural, give location) <b>Near Old Mines 1180</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Michael</b> b. (Middle) <b>Terence</b> c. (Last) <b>Hardin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 13 1954</b>	
5. SEX <b>male</b>	6. COLOR OF RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Feb. 8 1904</b>
9. AGE (in years last birthday) <b>3</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Washington Co. mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Norman Hardin</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Rose Bone</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Hardin Cadet mo. RR. 1</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hydrocephalus congenital.</b> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <b>prematurity</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>752X</b>	
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)		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>6-13, 1954</b> to <b>5-13, 1954</b> , that I last saw the deceased alive on <b>4-13, 1954</b> and that death occurred at <b>9:00</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Joseph L. Thomas, M.D.</b>		23b. ADDRESS <b>Patou, Mo.</b>	
23c. DATE SIGNED <b>5-15-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>5-15-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Joachim Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Washington Co. mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mr. Luther Spahr, Patou Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5/18/54</b>		REGISTRAR'S SIGNATURE <b>493-0</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

FILE NO. \_\_\_\_\_  
WASH. COUNTY HEALTH DEPT.

MAY 18 1954

RECEIVED

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 *Murphy L. Spahn*  
.....

Licensed Embalmer No. *4236*

P. O. Address *Flat River*

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.