No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23330

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 940

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN Joplin (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN Joplin
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1215 Kentucky Ave. 0495

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) E.
c. (Last) Hardee

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Mch 24 1878

9. AGE (In years last birthday) 76. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY General labor

11. BIRTHPLACE (City and State or Foreign Country) Garfield Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Alfred Hardee

13b. MOTHER'S MAIDEN NAME Mary Sunny

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 488-26-6991

17. INFORMANT'S SIGNATURE OR NAME Elmer Hardee **ADDRESS** 1008 Valley Joplin 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 20 yrs
DUE TO (c) Nephrosclerosis — 20 yrs

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 4201

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.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 16, 1954, *to* July 18, 1954, *that I last saw the deceased alive on* July 17, 1954 *and that death occurred at* 3:20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE R. K. Saylor (Degree or title) M.D.

23b. ADDRESS 708 Frisco Bldg

23c. DATE SIGNED 7/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-19-1954

24c. NAME OF CEMETERY OR CREMATORY Fairview Cem

24d. LOCATION (City, town, or county) Joplin (State) Mo.

DATE REC'D BY LOCAL REG. 7-22-54

REGISTRAR'S SIGNATURE Ted S. Lazier 138 by Dolores Lumpkins

25. FUNERAL DIRECTOR'S SIGNATURE R. Thornhill - Dillow

ADDRESS Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1954

RECEIVED JUL 26 1954
Jasper County Health Office
County File Number 54-7-59
Date Filed JUL 26 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 389

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.