

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30613

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4220

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (In this place) 20 YRS	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		STREET ADDRESS (If rural, give location) 3215 Campbell 3498	

3. NAME OF DECEASED (Type or Print) a. (First) Anne	b. (Middle)	c. (Last) Hardister	4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 1954
--	-------------	----------------------------	---

5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH AUG 13, 1885	9. AGE (In years last birthday) 69	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Woodville, MO	12. CITIZEN OF WHAT COUNTRY?
---	-----------------------------------	--	------------------------------

13a. FATHER'S NAME MARION WHITAKER	13b. MOTHER'S MAIDEN NAME ELIZABETH HARDISTER	14. NAME OF HUSBAND OR WIFE CARLOS F HARDISTER
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO NE	17. INFORMANT'S SIGNATURE OR NAME MRS. ROBERT STEWART	ADDRESS MO 16
---	---	---	-------------------------

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 4200
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) 11. 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 Aug. 30, 1954, to Aug. 31, 1954, that I last saw the deceased alive on Aug. 31, 1954, and that death occurred at 3:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) B. I. Burns M.D.	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 8-31-54
---	--	------------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) burial	24b. DATE 9-3-54	24c. NAME OF CEMETERY OR CREMATORY EARLAND Cem	24d. LOCATION (City, town, or county) (State) MOBERTY, MO.
--	----------------------------	--	--

DATE REC'D BY LOCAL REG. 9-3-54	REGISTRAR'S SIGNATURE Neva Minchall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Neuwomen	ADDRESS North K.C. Mo.
---	---	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Glen H. Hill

Licensed Embalmer No. 458

P. O. Address K.C. 16

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.