

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6985

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>337</u> | | PRIMARY REG. DIST. NO. <u>4499</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Shelby</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Shelbina</u> | | c. LENGTH OF STAY (In this place) <u>6 Years</u> | | c. CITY OR TOWN <u>Shelbina</u> | | 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 | | | | STREET ADDRESS (If rural, give location) <u>10200</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> | | | b. (Middle) <u>Augusten</u> | | c. (Last) <u>Hardy</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9, 1955</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 21, 1881</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 14 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>James Leo Hardy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susan Gough</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Hazel Hardy</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>489 40 3742</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Geo. Hardy, Shelbina, Mo.</u> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Hypertensive - Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>2 hrs.</u> <u>10 yrs.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | 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 <u>January 1949</u> , to <u>February 9, 1955</u> , that I last saw the deceased alive on <u>February 8, 1955</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. J. Hoercher</u> | | | | 23b. ADDRESS <u>Shelbina, Missouri</u> | | 23c. DATE SIGNED <u>2/11/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/12/1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>2-21-55</u> | | REGISTRAR'S SIGNATURE <u>Clayde A. Judger</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Hayes Shelbina, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

1961 7 6 830

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..... *Paul E Hayes*

Licensed Embalmer No..... 44

P. O. Address... *Shelburne*

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.