

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10808**

FILED MAR 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Warrenton</u>		c. LENGTH OF STAY (in this place) <u>4 yrs. 2 mo.</u>	d. CITY OR TOWN <u>Foley, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Katie Jane Memorial Home</u>		e. STREET ADDRESS (If rural, give location) <u>0570 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Andy</u>	b. (Middle) _____	c. (Last) <u>Hark</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-</u> <u>27-</u> <u>55</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>11/12/68</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Days <u>15</u> Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsfield Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>George Hark</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hickson</u>	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 <u>Tom Barrett Annada, Mo</u>	ADDRESS _____
--	-------------------------------	---	---------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic heart disease</u> DUE TO (c) <u>quantized arteriosclerosis</u>		<u>no</u> <u>no</u>
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>331X</u>
--	--	--

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 12-17, 1950, to 2-27, 1955, that I last saw the deceased alive on 2-26, 1955, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Shirley O. Hark</u>	23b. ADDRESS <u>Warrenton Mo.</u>	23c. DATE SIGNED <u>3-10-55</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cornuth Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Foley, Mo.</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-17-55</u>	REGISTRAR'S SIGNATURE <u>Floyd Hogan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifton Miller Elsbury, Mo</u>	ADDRESS _____
---	--	--	---------------

(Licensed Embalmer's Statement on Reverse Side)

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

1090

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 Feb. 27-1955, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Clifton Miller  
Licensed Embalmer No. 336

P. O. Address Elsbey

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.