

FILED MAY 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12285

No. 300
10. 48

1000
0

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

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 61

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prairie Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>4530 Mercer</u> | |
| 3. NAME OF DECEASED a. (First) <u>JOHN</u> (Type or Print) <u>John</u> | | b. (Middle) <u>HARDWICK</u> <u>C.E. HARDWICK</u> | |
| c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL, 3, 1955</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>3/25 1868</u> |
| 9. AGE (In years last birthday) <u>87</u> | | 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) <u>Landscape</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Unknown</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>John Hardwick</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Martha Todd</u> | | 14. NAME OF HUSBAND OR WIFE <u>Alexima Hardwick</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-16-0601</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>John E. Hardwick Jr. K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary</u> ANTECEDENT CAUSES DUE TO (b) <u>Gen. arteriosclerosis</u> DUE TO (c) <u>Chronic Arteritis</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 checked="" type="checkbox"/> | | 725 X | |
| 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 _____, 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>W. E. Keith M.D.</u> | | 23b. ADDRESS <u>204 Angulo</u> | |
| 23c. DATE SIGNED <u>7-3-55</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 24b. DATE <u>4/5/1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Freeman</u> | |
| DATE REC'D BY LOCAL REG. <u>4/2/55</u> | | REGISTRAR'S SIGNATURE <u>W. B. Langford</u> | |
| ADDRESS <u>K.C. MO.</u> | | ADDRESS <u>42 Central K.C. MO.</u> | |

(Licensed Embalmers' Statement on Reverse Side)

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
Student Embalmer

Signed Elmer E. Freeman

Licensed Embalmer No. 481

P. O. Address Kansas City

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 this body is not embalmed, fact should be so stated above.