

FILED MAY 9 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 12410

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Big River</b>		c. CITY OR TOWN <b>Morse Mill</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Star Route Morse Mill</b>		STREET ADDRESS (If rural, give location) <b>Star Route Morse Mill</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MORRIS</b>		b. (Middle)		c. (Last) <b>HARDY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 27 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>JUNE 29, 1888</b>	
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 2 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sweden</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>	

13a. FATHER'S NAME <b>JOHN HARDY</b>		13b. MOTHER'S MAIDEN NAME <b>EVA NELSON</b>		14. NAME OF HUSBAND OR WIFE <b>EVA HARDY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. I</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>EVA HARDY</b>	
				ADDRESS <b>Star Route Morse Mill Mo</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis with left hemiplegia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks +</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b>		Unknown	
		DUE TO (c)			
		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"/>	
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) <b>332 X</b>	
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 **March 18, 1955**, to **April 27, 1955**, that I last saw the deceased alive on **April 25, 1955**, and that death occurred at **4:35 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas A. Donnell M.D.</b>		23b. ADDRESS <b>Desoto, Mo.</b>		23c. DATE SIGNED <b>4-29-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>April 30, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MORSE MILL</b>	
				24d. LOCATION (City, town, or county) (State) <b>MORSE MILL MO</b>	
DATE REC'D BY LOCAL REG. <b>5-3-55</b>		REGISTRAR'S SIGNATURE <b>Kathleen Marsden</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>MAHND FUNERAL HOME</b>	
				ADDRESS <b>Desoto, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 7 1956

MAY 10 1956

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 GERALD J. MAHN, Student Embalmer No. 5017 working under my personal supervision..

Student Gerald J. Mahn  
Signature of Student Embalmer

Signed Harold J. Mahn

Licensed Embalmer No. 43

P. O. Address W. C. S. Co.

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.