

FILED MAY 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15470**
Registrar's No. **1894**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Osborne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Osborne
d. FULL NAME OF HOSPITAL OR INSTITUTION President Hotel -13 & Baltimore		STREET ADDRESS (If rural, give location) --	
3. NAME OF DECEASED (Type or Print) a. (First) Dwight b. (Middle) Harrison c. (Last) Hardman		4. DATE OF DEATH (Month) (Day) (Year) April 29 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 19, 1897
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10b. KIND OF BUSINESS OR INDUSTRY Lumber Co.	11. BIRTHPLACE (City and State or Foreign Country) Phillipsburg, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Marion W. Hardman	
13b. MOTHER'S MAIDEN NAME Gen Edick		14. NAME OF HUSBAND OR WIFE Mabel Hardman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W. I & II		16. SOCIAL SECURITY NO. 515-24-9719	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mabel Hardman, Osborne, Kansas
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Coronary Arterio Sclerosis DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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)	
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>May</u> , 19 <u>54</u> , to <u>April 29, 1955</u> , that I last saw the deceased alive on <u>May</u> , 19 <u>54</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph E. Welker		23b. ADDRESS 836 Prof. Bldg K.C. 6 Mo	
23c. DATE SIGNED 4-29-55		23d. (Degree or title) MD	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-1-55	
24c. NAME OF CEMETERY OR CREMATORY Downs Kansas		24d. LOCATION (City, town, or county) (State) Downs, Kansas	
DATE REC'D BY LOCAL REG. 4-30-55		REGISTRAR'S SIGNATURE Neva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C.MO.	

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

NOV 3 1958

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 *Elmo D. Triplett*

Licensed Embalmer No. 4817

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. -

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