

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29096

State File No. 505

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 505			
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas				b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Pine Bluff		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Poplar Bluff, Hospital				STREET ADDRESS (If rural, give location) Unknown				012%	
3. NAME OF DECEASED (Type or Print) a. (First) Arnold		b. (Middle)		c. (Last) Hardwick		4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 2, 1907		9. AGE (in years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor, Earth mover		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kidder, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Geo. W. Hardwick			13b. MOTHER'S MAIDEN NAME Rosie Lee Newton			14. NAME OF HUSBAND OR WIFE Hazel Bristow Hardwick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Demeen Hardwick, Beardstown, Ill.				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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State highway		21c. (CITY, TOWN, OR TOWNSHIP) Wayne (COUNTY) Mo (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 2-1955 6:00 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile hit a cow on highway				8184 30	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:20P m., from the causes and on the date stated above.									
23a. SIGNATURE Grover W. Pees (Degree or title)				23b. ADDRESS Poplar Bluff Mo			23c. DATE SIGNED Sept 19-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-3-55		24c. NAME OF CEMETERY OR CREMATORY Beardstown		24d. LOCATION (City, town, or county) (State) Beardstown, Ill.			
DATE REC'D BY LOCAL REG. 9/20/55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell		ADDRESS Poplar Bluff, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED

SEP 26 1955
BUTLER CO. HEALTH CENTER

FILE No. _____

SEP 26 1955
BUTLER CO. HEALTH CENTER

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 Wallace R. Knight

Licensed Embalmer No. 45

P. O. Address 412 W. Poplar Bl.

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.