

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29268

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTLAND	
b. CITY OR TOWN NORTH KANSAS CITY	c. LENGTH OF STAY (in this place) 4 YRS	c. CITY OR TOWN Memphis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1025 E 23RD AVE			
0990			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HENRY	b. (Middle) J.	c. (Last) HARDMAN	(Month) SEPT	(Day) 19	(Year) 1955

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAY 30 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Memphis, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME William HARDMAN		13b. MOTHER'S MAIDEN NAME Polly ANN RAY		14. NAME OF HUSBAND OR WIFE Ruthie HARDMAN	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Robert Lee HARDMAN			ADDRESS 1025 E 23RD		
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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.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia	DUPLICATE					3-4 days	
ANTECEDENT CAUSES	DUPLICATE					4-5 years	
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Senility						
	DUE TO (c) 491XH						
II. OTHER SIGNIFICANT CONDITIONS	DUPLICATE					3 years	
Conditions contributing to the death but not related to the disease or condition causing death	Squamous Cell Ca. lower lip						

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?		
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I hereby certify that I attended the deceased from **April 1953**, to **Sept 19, 1955**, that I last saw the deceased alive on **Sept 9, 1955**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James S. M. ... M.D.		23b. ADDRESS North K.C. 16 Mo		23c. DATE SIGNED 9/20/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-20-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Memphis Mo
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DATE REC'D BY LOCAL REG. 9-20-55	REGISTRAR'S SIGNATURE Marguerite Hudgens	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons N.K.G.	ADDRESS Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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



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 *Glenn H. Hall*

Licensed Embalmer No. *45*

P. O. Address *K.C. 16*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.