

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32389

FILED NOV 9 1955

-State File No. _____
Registrar's No. **577**

REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **573**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Qulin, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Qulin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #2 Poplar Bluff, Mo.		d. STREET ADDRESS (If rural, give location) Route #2	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Franklin c. (Last) Hardesty			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9, 1908
9. AGE (In years last birthday) 47		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Cleburne, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Thomas F. Hardesty, Sr.		13b. MOTHER'S MAIDEN NAME Hattie Ollie Kirtely	
13c. NAME OF HUSBAND OR WIFE Sallie Ellis Hardesty		14. NAME OF HUSBAND OR WIFE Sallie Ellis Hardesty	
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 Sallie Hardesty, Poplar Bluff, Mo.			
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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gun shot wound in mouth			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		976x	
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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff Twp. Butler Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 31-1955 5A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? discharge of .22 Rifle in mouth upward into brain	
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 5 A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Grover W. Hall, coroner		23b. ADDRESS Poplar Bluff, Mo	
23c. DATE SIGNED Oct 31-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-31-55	24c. NAME OF CEMETERY OR CREMATORY Denton Texas Cem.	24d. LOCATION (City, town, or county) (State) Denton, Texas
DATE REC'D BY LOCAL REG. 11/1/55	REGISTRAR'S SIGNATURE W. M. ...	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell Poplar Bluff, Mo.	

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

RECEIVED
NOV 7 1955
BUTLER CO. HEALTH CENTER.

FILE No. _____

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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

Wallace R Knight

Licensed Embalmer No. *45-14*

P. O. Address *412 W. Poplar Bluff*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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