

FILED NOV 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. **36126**
Registrar's No. **585**

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5143		Registrar's No. 585	
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 Poplar Bluff, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		d. STREET ADDRESS (If rural, give location) Route # 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #4				d. STREET ADDRESS (If rural, give location) Route # 4			
3. NAME OF DECEASED (Type or Print)		a. (First) Conard		b. (Middle) Oscar		c. (Last) Hardin	
4. DATE OF DEATH (Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hour Min.	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 10, 1887	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hour Min.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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) Round Hill, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Edna King Hardin			
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 ADDRESS Mrs. Edna Hardin, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH 20-19-51	
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) (Min.)		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 10-17 , 19 55 , to 10-21 , 19 55 , that I last saw the deceased alive on 10-21 , 19 55 , and that death occurred at 8:00 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. M. H. ...				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 10-26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-25-55		24c. NAME OF CEMETERY OR CREMATORY Ashcraft Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. Rural	
DATE REC'D BY LOCAL REG. 11/3/55		REGISTRAR'S SIGNATURE W. H. ...		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell		ADDRESS Poplar Bluff, Mo.	

(Licensed Embalmer's Signature on Reverse Side)

RECEIVED

NOV 16 1955
BUTLER CO. HEALTH CENTER

FILE No. _____

VS
JUN 22 1955

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. 40574

P. O. Address 412 ...

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.