

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

**41232**

State File No. ....

**FILED JAN 9 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 176 PRIMARY-REG. DIST. NO. 368-2 Registrar's No. 23

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lawrence</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Chesapeake Mo</u> ) c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>Clay City</u>	d. Is Resident within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home Ozark</u>		e. STREET ADDRESS (If rural, give location) <u>Ozark 812 S</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Etta</u> c. (Last) <u>Hardy</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov 27 1955</u>		
<b>5. SEX</b> <u>Fe</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Sept-24-1888</u>	<b>9. AGE</b> (In years last birthday) <u>67</u>	<b>IF UNDER 1 YEAR</b> Months <u>2</u> Days <u>3</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Illinois</u>	
<b>13a. FATHER'S NAME</b> <u>Unknown</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>T. H. Hardy</u>

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>T. H. Hardy</u>		
			<b>ADDRESS</b> <u>Chesapeake Mo.</u>		

<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Circulatory Failure</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Inst</u>
	b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>		
	c. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <u>-</u>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>4201</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** Oct 12, 1955, to Nov 27, 1955, that I last saw the deceased alive on Nov. 16, 1955, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Laurence C. Health Officer</u> (Degree or title) <u>DO</u>		<b>23b. ADDRESS</b> <u>Mo Vernon Mo</u>		<b>23c. DATE SIGNED</b> <u>11/27/55</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>Nov-28-1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Clay City Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Clay City Illinois</u>	
<b>DATE REC'D BY LOCAL REG.</b>	<b>REGISTRAR'S SIGNATURE</b> <u>W. S. B... 158-0</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Max L. Forest</u>		
		<b>ADDRESS</b> <u>Mo Vernon Mo</u>		

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

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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.....  
Signature of Student Embalmer

Signed *May L Fouelt*.....

Licensed Embalmer No. *425*.....

P. O. Address *Warrington*.....

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.