

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1358**
Registrar's No. **227**

FILED FEB 6 1956
BIRTH MO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY c. LENGTH OF STAY (In this place) 6 mo.		c. CITY OR TOWN KANSAS CITY 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 HEARSARCH HOSPITAL		e. STREET ADDRESS (If rural, give location) 8032 HOLMES ST.	
3. NAME OF DECEASED a. (First) Bernice b. (Middle) M. c. (Last) Hardy		4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, <u>1</u> WIDOWED, <u>2</u> DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 8, 1902
9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY ZIEGLER GIFT SHOP	
11. BIRTHPLACE (City and State or Foreign Country) ATHOL, KANSAS		12. CITIZENSHIP OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRANK CARSON		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 496-26-2168	
17. INFORMANT'S SIGNATURE OR NAME MR. C.F. HARDY		ADDRESS 8032 Holmes	
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) Thrombosis of Cerebral Artery ANTECEDENT CAUSES (b) Arteriosclerosis 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 3 Days		3 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		332X	
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 Jan. 15, 1956 , to Jan. 17, 1956 , that I last saw the deceased alive on Jan. 17, 1956 , and that death occurred at 5:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE John K. Caldwell (Degree or title) MD		23b. ADDRESS 306 E 12th Kansas City, Mo	
23c. DATE SIGNED 1/17/56			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-18-56	24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) HIWATHA, KANSAS			
DATE REC'D BY LOCAL REG. 1-18-56	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Newman ADDRESS _____	

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 *Richard L. Rogers*.....

Licensed Embalmer No. *495*.....

P. O. Address *L. B. M.*.....

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.