

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9122**
Registrar's No. **925**

BIRTH MO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 (If outside corporate limits, write RURAL and give town) Kansas City	c. LENGTH OF STAY (In this place) 35 yrs.	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		e. STREET ADDRESS (If rural, give location) 1524 Wyoming	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas	b. (Middle) Burton	c. (Last) HARDY	4. DATE OF DEATH (Month) (Day) (Year) March 1, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 11, 1889
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber	10b. KIND OF BUSINESS OR INDUSTRY Ball Plumbing Co.	11. BIRTHPLACE (City and State or Foreign Country) Topeka, Kansas	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Hardy	13b. MOTHER'S MAIDEN NAME Ann Garrity	14. NAME OF HUSBAND OR WIFE Agnes M. Hardy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W. W. # 1	16. SOCIAL SECURITY NO. 183-05-6526	17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes Hardy	ADDRESS 1524 Wyoming K. C., Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Abscess, secondary		?
ANTECEDENT CAUSES <i>Malignant Primary Tumours of lung - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) metastasis to brain.	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		162X	

19a. DATE OF OPERATION Feb 28 '56	19b. MAJOR FINDINGS OF OPERATION Brain Abscess	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	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 Feb 28, 1956, to Mar 1, 1956, that I last saw the deceased alive on Mar 1, 1956, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE William Q. Hu	(Degree or title) D	23b. ADDRESS 701 E. 63rd St. K. C. Mo	23c. DATE SIGNED 3/1/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-2-56	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Rock Rapids, Iowa

DATE REC'D BY LOCAL REG. 3-2-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS K. C., Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*See 3 pages
4-15-50*

W.E. 1-0961

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 *James E. Hacklem*
Licensed Embalmer No. *457*
P. O. Address *K.C.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.