

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13701**

FILED MAY 8 1956

BIRTH NO.		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2001	Registrar's No. 197
1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	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 2428 KENTUCKY		e. STREET ADDRESS (If rural, give location) 2428 KENTUCKY		
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) A	c. (Last) HARDY	4. DATE OF DEATH (Month) (Day) (Year) APRIL 30 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCTOBER 22, 1897	9. AGE (In years last birthday) 59 IF UNDER 1 YEAR: Months 6 Days 8 IF UNDER 1 HR.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK (FURNITURE)		10b. KIND OF BUSINESS OR INDUSTRY NEWMANS DEPT STORE	11. BIRTHPLACE (City and State or Foreign Country) DUENWEG MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME GEORGE A HARDY		13b. MOTHER'S MAIDEN NAME MARGARET COCHRANE	14. NAME OF HUSBAND OR WIFE ANNA HARDY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W.I		16. SOCIAL SECURITY NO. 491-01-0109	17. INFORMANT'S SIGNATURE OR NAME GEORGE B HARDY ADDRESS JOPLIN, 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) Myocardial Cor Pulmonale & decompensation ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema - Fibrosis DUE TO (c) Asthma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		INTERVAL BETWEEN ONSET AND DEATH 2+ yrs 4+ yrs 10+ yrs
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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 19 1956 , to April 30, 1956 , that I last saw the deceased alive on 4/28, 1956 , and that death occurred at 1:25 m., from the causes and on the date stated above.				
23a. SIGNATURE H. K. Williams MD.		(Degree or title) MD.	23b. ADDRESS 717 FRISCO Bldg JOPLIN MO	23c. DATE SIGNED 5/1/56
24a. BURIAL, CREMATION, REMOVAL BURNIAL (Specify)	24b. DATE 5/2/1956	24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY MO	
DATE REC'D BY LOCAL REG. 5-3-56		REGISTRAR'S SIGNATURE Dove Merriam	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME ADDRESS WEBB CITY, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 5 1956
Jasper County Health Office 387
County File Number 56-5188
Date Filed MAY 5 1956

MAY 9 1956

STATEMENT BY LICENSED EMBALMER

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 _____, the body whose _____ reverse side of _____ certificate was embalmed, Student Embalmer No. _____
working under my personal supervision, _____ Embalmer No. _____

Student _____
Signature of Student Embalmer

Signed *Richard Roy Lewis*
Licensed Embalmer No. 440

Student Embalmer _____
Sig. _____
Licensed Embalmer No. _____
P. O. Address *W. H. C. 3*

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.
MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
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