

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 89098-55 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Warrensburg,</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Warrensburg, Mo.</u>	d. Is Residence within limits of a city or incorporated town? <u>Yes</u> <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>Warrensburg Medical Center.</u>		e. STREET ADDRESS (If rural, give location) <u>302 West Pine St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOY</u> b. (Middle) <u>JENNEN</u> c. (Last) <u>HARDIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30th, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored,</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec. 18, 1955</u>	9. AGE (In years last birthday) <u>4</u> MONTHS <u>4</u> DAYS <u>4</u> HOURS <u>4</u> MINS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warrensburg, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sylvester Hardin,</u>	13b. MOTHER'S MAIDEN NAME <u>Beverly Thompson,</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Sylvester Hardin,</u>	ADDRESS <u>Warrensburg, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure, Acute,</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy & dilatation of heart</u> DUE TO (c) <u>Bronchopneumonia, left,</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>497X</u> Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12-18, 1955, to 4-30, 1956, that I last saw the deceased alive on 4-30-56, 1956, and that death occurred at 12:20A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Warrensburg, Missouri.</u>	23c. DATE SIGNED <u>4-30-1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>5-1-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>
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DATE REC'D BY LOCAL REG <u>May 1, 1956</u>	REGISTRAR'S SIGNATURE <u>Savannah Crutchfield</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauninger,</u>	ADDRESS <u>Warrensburg, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

