

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15951

State File No.

FILED MAY 17 1956

BIRTH NO.		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Kennett</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Passwell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R# 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosevelt</u>			b. (Middle) <u>Hardway</u>		c. (Last) <u>Hardway</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 56</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>3/20/1903</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 24 HRS.	12. COUNTRY OF WHAT COUNTRY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mc Coy, Arkansas</u>		12. COUNTRY OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ed. Hardway</u>			13b. MOTHER'S MAIDEN NAME <u>Alma Kudders</u>		14. NAME OF HUSBAND OR WIFE		
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>430-34-9710</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mo. Hardway</u>			ADDRESS <u>Smith, Mo.</u>
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) <u>cerebral apoplexy</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					
		DUE TO (c)					
		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? 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) (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 <u>5-4</u> , 19 <u>56</u> to <u>5-6</u> , 19 <u>56</u> that I last saw the deceased alive on <u>5-6</u> , 19 <u>56</u> and that death occurred at <u>3:10 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. W. Wiersma MD</u>				23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>5-6-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Italy Home</u>		24d. LOCATION (City, town, or county) (State) <u>Tupleville Ark.</u>	
DATE REC'D BY LOCAL REG. <u>5-12-56</u>		REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Deane</u> ADDRESS <u>Carethersville, Mo.</u>			

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

RECEIVED DANIELIA COURT

DEPARTMENT 5-14-

COUNTY FILE NUMBER 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Noel C Dean

Licensed Embalmer No. 39

P. O. Address Conth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.