

FILED JUL 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 25797BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 4523 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Schell City</u>	c. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY OR TOWN <u>Schell City</u>	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 <u>AT HOME</u>		e. STREET ADDRESS (If rural, give location) <u>1080</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>William</u>	c. (Last) <u>HARDIE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1956</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 22 1874</u>
9. AGE (In years last birthday) <u>81 yrs</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>coal miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>coal mine</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>David Hardie</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Day</u>	14. NAME OF HUSBAND OR WIFE <u>Viola J. Hardie</u>	
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 ADDRESS <u>Viola J. Hardie Schell City 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		INTERVAL BETWEEN ONSET AND DEATH <u>10 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) _____	<u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	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>September 1955</u> , to <u>July 3, 1956</u> , that I last saw the deceased alive on <u>July 2, 1956</u> , and that death occurred at <u>5:20 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>J. W. Gray M.D.</u>	23b. ADDRESS <u>Schell City Mo</u>		23c. DATE SIGNED <u>July 3-1956</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 5, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flat Rock Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Schell City (Rural) Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-10-56</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lewis &amp; Son Schell City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *John G Lewis*.....

Licensed Embalmer No. *47*.....

P. O. Address *Schell E*.....

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