

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1956

State File No. **29887**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1008**

1. PLACE OF DEATH  
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo** b. COUNTY **DeKalb**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Joseph**

c. CITY OR TOWN **Fairport**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Joseph Hospital Sisters Hospital**

e. STREET ADDRESS (If rural, give location) **Pa 201**

3. NAME OF DECEASED  
a. (First) **Evalena** b. (Middle) **Marie** c. (Last) **Hardin**

4. DATE OF DEATH (Month) (Day) (Year) **9-11-56**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **9-16-1914**

9. AGE (In years last birthday) **41** IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Home**

11. BIRTHPLACE (City and State or Foreign Country) **Mo**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Bob Casper**

13b. MOTHER'S MAIDEN NAME **Cathern Bottorff**

14. NAME OF HUSBAND OR WIFE **Chester Hardin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **XXXXXXXXXXXXXXXXXXXXXX**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Chester Hardin Fairport, Mo**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma, metastatic** INTERVAL BETWEEN ONSET AND DEATH **1 mo.**  
ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Carcinoma, Left ovary** **6 mo**  
DUE TO (c) **Carcinoma, Cervix** **9 mo**  
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 **171X**

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-15**, 19**56**, to **9-11**, 19**56**, that I last saw the deceased alive on **9-10**, 19**56**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]**

23b. ADDRESS **420 N 8<sup>th</sup> St Fairport Mo**

23c. DATE SIGNED **9/11/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **9-13-56**

24c. NAME OF CEMETERY OR CREMATORY **Fairport**

24d. LOCATION (City, town, or county) (State) **Fairport Mo**

DATE REC'D BY LOCAL REG. **Sept 19, 1956**

REGISTRAR'S SIGNATURE **Kathern M. Allison**

25. FUNERAL DIRECTOR'S SIGNATURE **Mercedorffer & Brennan**

ADDRESS **St. Joseph, Mo.**

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

485

1901

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 *Albert P. Harrington*

Licensed Embalmer No... 3258 .....

P. O. Address ... St. Joseph, Mo.

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.