

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32847

STATE FILE NUMBER

FILED OCT 15 1956

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 218 Petty St.		Length of stay in 1b 5 yrs.		d. STREET ADDRESS 1303 Maud St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Henry Middle ---- Last Hardy				4. DATE OF DEATH Month Sept. Day 29, Year 1956			
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIAGE <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 31, 1911	
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 4 Days 4 Hours 4 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) Strong Station, Miss.				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Henry Hardy				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT Address Milvin Hardy, 1303 Maud, Sikeston, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Two Shots from 32 Caliber Revolver: one entered 1 inch below right eye, other 4 inches below axilla in right chest							INTERVAL BETWEEN ONSET AND DEATH. ± 2 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Shot down on street				
20c. TIME OF INJURY Hour 9:30 a. m. Month 9 Day 29 Year 56							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION Sikeston		COUNTY Scott STATE Mo	
21. I attended the deceased from First call after death as her <input checked="" type="checkbox"/> him <input type="checkbox"/> alive on _____ Death occurred at 9:32 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Helena C. Buckthorp, M.D. Health Officer				22b. ADDRESS Benton, Mo		22c. DATE SIGNED 10-5-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 1, 1956		23c. NAME OF CEMETERY OR CREMATORY McMullen Cemetery		23d. LOCATION (City, town, or county) (State) McMullen, Missouri	
24. FUNERAL DIRECTOR Mr. F. J. Sparks		ADDRESS Charleston, Mo		25. DATE RECD. BY LOCAL REG. 10-4-56		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner's certificate

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DATE RECEIVED OCT 8 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1056-211

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, ~~or by~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tris S. Marsh.....

Licensed Embalmer No.....

P. O. Address..... Scott

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