THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

947
STATE FILE NUMBER

FILED FEB 11 1957 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 142

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp. — Length of stay in 1b 15 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 396 — Inside Limits Yes X No
d. STREET ADDRESS 615 S. Jefferson (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First John Middle William Last Harden
4. DATE OF DEATH Month Feb. Day 7, Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Sept. 9, 1873
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Levi Harden
14. MOTHER'S MAIDEN NAME Maggie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. 497-32-8077A
17. INFORMANT Address Mrs. Cora Harden-Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Sigmoid Colon. — INTERVAL BETWEEN ONSET AND DEATH NOT KNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 153x
19. WAS AUTOPSY PERFORMED? YES NO 3
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1-12-57, to 2-7-57 and last saw him alive on 2-6-57
Death occurred at 3:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [illegible] (Degree or title) MD
22b. ADDRESS 207 Sp. Medical Bldg Springfield, Mo
22c. DATE SIGNED 2-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-10-1957
23c. NAME OF CEMETERY OR CREMATORY Spokane Cemetery
23d. LOCATION (City, town, or county) (State) Spokane, Missouri
24. FUNERAL DIRECTOR [illegible] ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 2-8-57
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DEC 18 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student ..... ----------
Signature of Student Embalmer

Signed ..... Licensed Embalmer No. 331

P. O. Address Springfiel

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.