

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 28 1957

57021743
State File No.

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>4293</u>		Registrar's No. <u>23</u>		
1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LINCOLN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ELSBERRY</u>		d. In 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>N. FIFTH Rear</u>				STREET ADDRESS (If rural, give location) <u>0570 N. FIFTH ST. rear</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEWIS</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>HARDIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 21 1957</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>APRIL 26, 1918</u>		9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Quarry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RED - BRISCOE, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>JAMES S. HARDIN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH STUCKEY</u>		14. NAME OF HUSBAND OR WIFE <u>Della Wilkinson Hardin</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-20-7340</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della Wilkinson HARDIN - ELSBERRY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot Wound of Forehead (Self-Inflicted)</u>				DUE TO (b) _____				5 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 _____		<u>976K</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Elsberry, Lincoln Missouri.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 21, 1957 6A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot self in forehead with 22 Cal. Revolver.</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Joseph J. Marsh</u> CORONER <u>3</u>				23b. ADDRESS <u>351 Monroe St. Troy, Mo.</u>		23c. DATE SIGNED <u>4/22/57</u>		
24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-23-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STAR HOPE</u>		24d. LOCATION (City, town, or county) (State) <u>ELSBERRY, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-27-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Cecelia Kintz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Elsberry, Mo.</u>		ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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 

Licensed Embalmer No. 4012
P. O. Address Edalery, N.J.

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.