

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44148

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5496 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission). a. STATE <u>Mo</u> b. CITY <u>Harrison</u>	
b. CITY OR TOWN <u>Rural Grant twp</u>	c. LENGTH OF STAY (in this place) <u>56 years</u>	c. CITY OR TOWN <u>Rural Grant</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chambers 924 S. Ridgeway</u>		e. STREET ADDRESS (If rural, give location) <u>2 W. S. Ridgeway Mo</u>	

3. NAME OF DECEASED (Type or Print) <u>Albert Stenton Harding</u>		b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>12-12-57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 19, 1870</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Derby Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Samuel Harding</u>		13b. MOTHER'S MAIDEN NAME <u>Anna E. Kiltz</u>	

13c. NAME OF HUSBAND OR WIFE <u>Winona Harding Deard</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-42-1100</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Tommy Harding</u>		17. ADDRESS <u>Ridgeway Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity 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>4201</u>		20. AUTOPSY? <u>2</u> 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Dec 8, 1957 to Dec 12, 1957 that I last saw the deceased alive on Dec 12, 1957, and that death occurred at 9:20 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. E. Harding M.D.</u>		23b. ADDRESS <u>Harrison Mo.</u>		23c. DATE SIGNED <u>12-14-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-16-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Peace Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>2 W. S. Ridgeway Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Rogers</u>		25. ADDRESS <u>Ridgeway Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-16-57</u>		REGISTRAR'S SIGNATURE <u>Jella Masey</u>			

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

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FEB 13 1959

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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 *R.R. Boppers*.....

Licensed Embalmer No. *35-76*.....

P. O. Address *Ridgeway*.....

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.