

pt. Health,
, & Welfare
S. Public
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45389

STATE FILE NUMBER

FILED DEC 16 1957

Registration District No. 292 Primary Registration District No. 6001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Saline</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Monroe City</u> <u>0690</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near City Limits</u> <u>Monroe City</u>		d. STREET ADDRESS (If outside, give location) <u>126 East Dover</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Oliver</u> Middle <u>Matthew</u> Last <u>Hardesty</u>		4. DATE OF DEATH Month <u>November</u> Day <u>6</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1 - 1 - 1877</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>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Monroe County Missouri</u>
13a. FATHER'S NAME <u>James Hardesty</u>		13b. MOTHER'S MAIDEN NAME <u>Anna McLeod</u>	14. NAME OF HUSBAND OR WIFE <u>Not Married</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Susan A. Conboy. Monroe City</u> Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation by Hanging</u>			INTERVAL BETWEEN ONSET AND DEATH. <u>1 hour</u>
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) <u>Senile Dementia</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Has been despondent. In Mental Hospital until Nov 4th.</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>Nov 6 57</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Monroe City</u> COUNTY <u>Ralls</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>Oct 10 1954</u> to <u>Nov 6 1957</u> and last saw her/him alive on <u>Oct 13 1957</u> Death occurred at <u>Approx 5 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Monroe City Missouri</u>	
22c. DATE SIGNED <u>11/8/57</u>			
23a. BURIAL, CREMATION, or other final disposition <u>Burial</u>		23b. DATE <u>11/9/ 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Indian Creek, Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Indian Creek Missouri.</u>	
24. FUNERAL DIRECTOR <u>Harold Garner Monroe City, Mo</u>		25. DATE RECD. BY LOCAL REG.: <u>11/11/57</u>	
		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

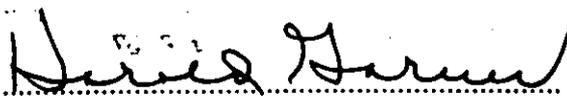
DEC 17 1957

MAY 21 1960

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. 3720
P. O. Address Monroe City 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.