FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005557
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 718

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in Hospital give Address) HOSPITAL OR INSTITUTION 3621 Warwick — Length of stay in Ib 53 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 6106 Charlotte — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First May Middle Last HARDY

4. DATE OF DEATH Month Feb. Day 9th, Year 1958

5. SEX Female

6. COLOR OR RACE White

7. MARITAL STATUS MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH 10-17-1870

9. AGE (In years last birthday) 87 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Harvey

13b. MOTHER'S MAIDEN NAME Nancy Nesbet

14. NAME OF HUSBAND OR WIFE Addison Hardy

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. None

17. INFORMANT J. W. Boysen — Address 6106 Charlotte

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) Coronary occlusion; myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) coronary heart disease
DUE TO (c) arterio sclerosis — ? yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4 & 1

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Sept 1952 to Feb. 9 1958 and last saw her/him alive on Feb 7 - 1958
Death occurred at 11 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Paul Wright (Degree or title) M.D.

22b. ADDRESS Kansas City, Mo. 1324 Prof. Bldg.

22c. DATE SIGNED Feb. 10. 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-12-58

23c. NAME OF CEMETERY OR CREMATORY ---

23d. LOCATION (City, town, or county) (State) Chillicothe, Missouri

24. FUNERAL DIRECTOR FREEMAN MORTUARY, Kansas City, Mo. — ADDRESS

25. DATE RECD. BY LOCAL REG. 2-11-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. Paul Wright

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.