

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031188  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2104

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON Inside Limits Yes  No   
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Louis County Length of stay in lb  
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jefferson  
c. CITY OR TOWN Crystal City Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Fults Addition Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
CLIFFORD FRANKLIN HARDIN  
4. DATE OF DEATH Month Day Year  
Aug. 10, 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH 1912 Aug. 7, 1958 9. AGE (In years last birthday) 46 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) Truck Driver 10b. KIND OF BUSINESS OR INDUSTRY Retail Florist 11. BIRTHPLACE (City and state or country) Dietrich, Ill 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Franklin Hardin 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Izeta Hardin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 2 16. SOCIAL SECURITY NO. 331-18-3284 17. INFORMANT Address Mrs. Izeta Hardin, Box 44, Crystal City, Mo

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  
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) 4/201  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

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 Month, Day, Year  
a.m. p.m. \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT  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 8/27/58 to 8/27/58 and last saw <sup>him</sup> live on 8/27/58  
Death occurred at 6:22 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Nathan Simon M.D. 22b. ADDRESS 5535<sup>a</sup> Cubana - St. Louis, Mo 22c. DATE SIGNED 8/11/58

23a. BURIAL, CREMATION, Funeral 23b. DATE 8-13-58 23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Gardens 23d. LOCATION (City, town, or county) (State) Crystal City, Mo.

24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Inc., Festus, Mo. 25. DATE RECD. BY LOCAL REG. 8-12-58 26. REGISTRAR'S SIGNATURE Robert R. Donke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Corrected by affidavit 11/10/58

Doctor, coroner, etc.-must use only standard nomenclature in their rd. No symptoms will be noted. All diseases in Part I must be causally related.

1958 AUG 21

AUG 21 1958

AUG

FEB 6 1959

DEPT. OF HEALTH

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 *Keith B. Vinyard*

Licensed Embalmer No. 4976

P. O. Address *Festus, 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.