

Health, & Welfare Public Service

STANDARD CERTIFICATE OF DEATH

58-039743 STATE FILE NUMBER

FILED DEC 5 1958 Registration District No. 382 Primary Registration District No. 5543 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Howard b. CITY Boonslick Township c. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 1 Franklin

2. USUAL RESIDENCE a. STATE Arkansas b. COUNTY Washington c. CITY OR TOWN West Fork

3. NAME OF DECEASED First A. Middle K. (Initials' Only) Hardin 4. DATE OF DEATH Nov. 15, 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED / DIVORCED 8. DATE OF BIRTH April 3, 1892

10a. USUAL OCCUPATION Machinist 10b. KIND OF BUSINESS OR INDUSTRY Can Company 11. BIRTHPLACE Fort Smith, Arkansas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ace King Hardin 13b. MOTHER'S MAIDEN NAME Bessie Wisely 14. NAME OF HUSBAND OR WIFE Josie Dye Hardin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. 345-09-8671 17. INFORMANT Mrs. Josie Hardin, West Fork, Ark.

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION

21. I attended the deceased from Nov 15 1958 to Nov 15 1958 and last saw her alive on Nov 15 1958

22a. SIGNATURE M. P. Reed M.D. 22b. ADDRESS Fayette, Mo 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL Removal 23b. DATE Nov. 15, 1958 23c. NAME OF CEMETERY OR CREMATORY West Fork Cemetery 23d. LOCATION West Fork, Arkansas

24. FUNERAL DIRECTOR Markland - Hall New Franklin, Mo 25. DATE RECD. BY LOCAL REG. Nov. 18, 1958 26. REGISTRAR'S SIGNATURE Walker Audsley

Doctor, coronar, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 8 1977

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 *Tom J. Markland*

Licensed Embalmer No. *4592*

P. O. Address *New Franklin*

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.