

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044148

STATE FILE NUMBER 5775

FILED DEC 30 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5775

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Lubbock</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lubbock</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Watson Home 708 Bayfield</u>		Length of stay in 1b <u>20 months</u>	d. STREET ADDRESS (If outside, give location) <u>5428 X</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ARTHUR E.</u> Middle <u>HARDY</u> Last <u>HARDY</u>			4. DATE OF DEATH Month <u>December</u> Day <u>7</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 5, 1879</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Bookman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (City and state or country) <u>Evansville Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown Hardy</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Prudence Hardy</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>464-07-6832</u>	
17. INFORMANT <u>Mrs. Claudine Wenger</u>		Address <u>430 Dunsmuir, Irvine, Campbell, Calif.</u>	
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>Arteriosclerosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u> <u>7 years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>7-1-58</u> to <u>12-7-58</u> and last saw her/him alive on <u>12-7-58</u> Death occurred at <u>11:15</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul Paul Lawrence MD</u> (Degree or title)		22b. ADDRESS <u>428 S. White Ave</u>	
22c. DATE SIGNED <u>12-7-58</u>		23a. BURIAL, CREMATION, OR REMOVAL (Specify)	
23b. DATE <u>Dec 8, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Stanton Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Stanton Texas</u>		24. FUNERAL DIRECTOR <u>Kelko Funeral Home 2315 Penwood</u>	
25. DATE RECD. BY LOCAL REG. <u>12-7-58</u>		26. REGISTRAR'S SIGNATURE <u>neva Minshall</u>	

All diseases in Part I must be causally related.

Frank Paul Lawrence only black ink or ribbon typewrite if possible

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 *Chas E Wilks*

Licensed Embalmer No. *2644*
P. O. Address *12 E. ...*

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.