

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044561

STATE FILE NUMBER

Filed JAN 5 1959 Registration District No. 156 Primary Registration District No. 5572 Registrar's No. 282

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Prairie		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) Jackson Co. Hosp.		d. STREET ADDRESS (If outside, give location) 1021 S. EMERY	
3. NAME OF DECEASED First David Middle Hardin Last Hardin		4. DATE OF DEATH Month DEC. Day 23 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 3-1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Penrod Vennering Co.	11. BIRTHPLACE (City and state or country) Kentucky
13a. FATHER'S NAME John Hardin		13b. MOTHER'S MAIDEN NAME Mary Ann Unknown	14. NAME OF HUSBAND OR WIFE Dora Hardin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-16-0784	17. INFORMANT James E. Hardin, 817 Saville, Indep., 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) Arterio Sclerotic Heart Disease General Arterio Sclerosis 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) 4200			INTERVAL BETWEEN ONSET AND DEATH
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 Independence, Mo.	
20g. COUNTY Jackson		20h. STATE Missouri	
21. I attended the deceased from 12-20-58 to 12-23-58 and last saw him alive on 12-23-58 Death occurred at 11:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Phil Saper (Degree or title) M.D.		22b. ADDRESS Lee's Summit, Mo.	
22c. DATE SIGNED 12-23-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-26-58	
23c. NAME OF CEMETERY OR CREMATORY Greenlaw Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.		25. DATE REC'D. BY LOCAL REG. 12/24/58	
		26. REGISTRAR'S SIGNATURE N.B. Longford	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *A. Kenneth Patterson*

Licensed Embalmer No. *4697*
P. O. Address *Indy, Ind.*

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.