Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2107 ~~59-002107~~ STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hannibal — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Elizabeth Hosp — Length of stay in Ib: 5 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Shelby
c. CITY OR TOWN: Shelbina — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1020 — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Everett Middle: Dean Last: Hardy

4. DATE OF DEATH: Month: Jan Day: 12th Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: May 13th 1893

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months: 7 Days: 29 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barbering

10b. KIND OF BUSINESS OR INDUSTRY: Barber

11. BIRTHPLACE (City and state or country): Shelby Co Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Arthur Hardy

13b. MOTHER'S MAIDEN NAME: Nellie B Easum

14. NAME OF HUSBAND OR WIFE: Irle Hardy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 498-09-2570

17. INFORMANT: Mrs Everett Hardy Address: Shelbina

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cor Pulmonale	2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute congestive failure	5 days.
DUE TO (c)	Auricular flutter	7 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4344

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 2-18-57, to 1-12-59 and last saw ~~her~~ him alive on 1-12-59
Death occurred at 12:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.D.

22b. ADDRESS: 100 N. Sixth, Hannibal, Mo.

22c. DATE SIGNED: 1-13-59

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

23b. DATE: 1/14/59

23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

23d. LOCATION (City, town, or county) (State): Shelbina Mo

24. FUNERAL DIRECTOR ADDRESS: Barkelew & Davis Shelbina Mo

25. DATE RECD. BY LOCAL REG.: 1-15-1959

26. REGISTRAR'S SIGNATURE: Dr E M Luckey by H. C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

RECEIVED JAN 2 6 1959
MARION CO. HEALTH DEPT.
DATE FILED JAN 2 6 1959

JAN 30 1959

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 Henry A Barkelew

Licensed Embalmer No. 3835

P. O. Address Fredericktown - 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.