

ED MAR 16 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005149

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Arkansas</u> b. COUNTY <u>Sharp</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield</u>)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hardy</u>)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA K.</u> b. (Middle) _____ c. (Last) <u>HARDY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-59</u>	
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-14-1905</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Minnesota</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>Keaveny</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>T.E. Hardy Hardy, Ark</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (a, b, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>T.E. Hardy</u> ADDRESS <u>Hardy, Ark.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean mode of dying, such as heart failure, asthma. It means the disease, injury, or complications which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease - congestive heart failure</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) <u>Hardy</u> (COUNTY) _____ (STATE) _____
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22. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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I hereby certify that I attended the deceased from 2-28, 1959, to 3-10, 1959, that I last saw the deceased alive on 3-9, 1959, and that death occurred at 6 A. m., from the causes and on the date stated above.

23. SIGNATURE <u>Elmer M. Purcell</u> (Degree or title) <u>mb</u>	23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>	23c. DATE SIGNED <u>3-12-59</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>3-10-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hardy, Arkansas.</u>
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25. REG'D BY LOCAL REG. <u>13-59</u>	REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Walter H. Home</u> ADDRESS <u>Walnut Ridge, Ark</u>
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(Licensed Embalmer's Statement on Reverse Side)

MAH 26 1958

ESOL 2 2 1958 SA

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
Student Embalmer

Signed

Lewis S. Scheraga

Licensed Embalmer No. 3802

P. O. Address Springfield,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.