

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012218
STATE FILE NUMBER

FILED MAY 15 1959 Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 96

300
-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salt River		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mexico 0040 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Neill Rest Haven		Length of stay in lb 20 years	d. STREET ADDRESS (If outside, give location) R. F. D. 5 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First August Middle Hardine Last Hardine			4. DATE OF DEATH Month May Day 7 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH - 7 - 1872	9. AGE (In years last birthday) 86	10. FUNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Switzerland	12. CITIZEN OF WHAT COUNTRY? Unk
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT Records Neill Rest Haven Mexico, Mo. Address RFD 5
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Myocardial infarctum		INTERVAL BETWEEN ONSET AND DEATH 4 days - years - years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) - Arteriosclerotic heart disease	
	DUE TO (c) - Secondary arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) H2ac		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.)
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20c. TIME OF INJURY Hour 12:00 Month, Day, Year May 7 1959 a.m. p.m.
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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 Mexico	COUNTY Audrain	STATE Missouri
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21. I attended the deceased from **June 7 - 54** to **May 1 - 59** and last saw him alive on **May 1 - 59**.
Death occurred at **8:30** P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James A. Luskard M.D.	(Degree or title)	22b. ADDRESS Mexico Mo	22c. DATE SIGNED 5-4-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-4-59	23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park	23d. LOCATION (City, town, or county) (State) Mexico, Missouri
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24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. May 4 - 1959	26. REGISTRAR'S SIGNATURE Blanche Neely
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ALL diseases in Part I may be caused by conditions stated in Part II
HAROLD S. SANDERSON, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Leo G. Whitabe*

Licensed Embalmer No. *4780*
P. O. Address *Mexico, D.C.*

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.