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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013323

STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2049

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1328 East 45th St. — Length of stay in 1b: 2 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1328 East 45th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: George Middle: Clay Last: Hardin

4. DATE OF DEATH: Month: April Day: 24 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: August 14, 1882
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Stockman
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (City and state or country): Willard, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Gipson E. Hardin
13b. MOTHER'S MAIDEN NAME: Ann Amanda Paschal
14. NAME OF HUSBAND OR WIFE: Nettie Hardin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Nettie Hardin Address: 1328 East 45 th Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Radiation — 6 wks
DUE TO (c): Cerebral and Generalized Arteria Sclerosis Under
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Coronary Sclerosis 332X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Feb 1 - 59, to time of death and last saw ~~her~~ him alive on 4-24-59
Death occurred at 8 15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Leo M. Mullen M.D. (Degree or Title)
22b. ADDRESS: 443 Paseo Blvd Kansas City, Mo
22c. DATE SIGNED: 4 24 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
23b. DATE: 4-27-59
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county) (State): Willard, Missouri

FUNERAL DIRECTOR: Mellody-McGilley-Eylar ADDRESS: 1800 Linwood
25. DATE RECD. BY LOCAL REG.: 4-24-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Leo M. Mullen

MAY 13 1959

Mr Leo Mullen
4443 Parson
Wa. 1-5411

3:30 to 4:30 Friday

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 Melvin Bartram

Licensed Embalmer No. 4403

P. O. Address Reno

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.