

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025166

FILED VS AUG 1 0 1959/49

3587

STATE FILE NUMBER

Registration District No. Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Henry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 15 days	c. CITY OR TOWN Calhoun		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Calhoun Mo		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Lincoln Hardin			4. DATE OF DEATH Month Day Year July 20 1959		
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 Sept. 25 1867	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpentry		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Shelby CO., Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Rufus Hardin		13b. MOTHER'S MAIDEN NAME Amanda Little	
14. NAME OF HUSBAND OR WIFE Never Married		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 James A Halloway K.C. 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) <i>Coma - 7-5-59 until he died</i> DUE TO (b) <i>Cerebral Thrombosis Stroke</i> DUE TO (c) <i>Arteriosclerosis + senility</i>		INTERVAL BETWEEN ONSET AND DEATH 15 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Left leg amputated yrs ago for gangrene foot</i>					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <i>none</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Last Nov '58 Pt fell at home and fractured right hip, had nailing operation, recovered and in my opinion this injury did not contribute at all to his death.</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>No</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>No</i>		20e. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Jan 9 1957</i> to <i>July 20 1959</i> and last saw him alive on <i>7-20-59</i> Death occurred at <i>about 2 pm</i> on the date stated above, and to the best of my knowledge, from <i>Calhoun Mo</i>					
22a. SIGNATURE <i>Harvey Jernett, M.D.</i>			22b. ADDRESS <i>1500 Professional Kansas City 6 Mo</i>		22c. DATE SIGNED <i>7-21-59</i>
23a. FUNERAL CREMATION, BURIAL (Specify) <i>Funeral</i>		23b. DATE <i>7-22-59</i>	23c. NAME OF CEMETERY OR CREMATORY Calhoun cemetery		23d. LOCATION (City, town, county) (State) Calhoun Mo
24. FUNERAL DIRECTOR Housey Funeral Home Calhoun, Mo		25. DATE RECD. BY LOCAL REG. <i>7-24-59</i>		26. REGISTRAR'S SIGNATURE <i>Never Marshall</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Harvey Jernett

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert P. [Signature]

Licensed Embalmer No. 4710

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.