

MOURNERS DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 21 1959

'59 0 45 5 1 1

211333

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis	Length of stay in 1b 5 yrs.	c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3034 Whittier		d. STREET ADDRESS 3034 Whittier	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Peyton Middle C. Last Hardcastle			4. DATE OF DEATH Month December Day 6 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/27/1870	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jacksonville, Ark.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Thomas Hardcastle	13b. MOTHER'S MAIDEN NAME Ann Grey	14. NAME OF HUSBAND OR WIFE Lula Hardcastle, dec'd
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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 Nil	16. SOCIAL SECURITY NO. None	17. INFORMANT Minnie Sellers, 3034 Whittier Street.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) myocarditis		8 7 6
DUE TO (b) arteriosclerosis		
DUE TO (c) athero-sclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m.	Month, Day, Year	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 COUNTY STATE
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21. I attended the deceased from **8-31-58** to **12-6-59** and last saw her alive on **12-1-59**
 Death occurred at **12-6-59 3:45 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. W. Henderlite (Degree or title) M.D.	22b. ADDRESS 1500 Olive St.	22c. DATE SIGNED 8/12-7-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/10/1959	23c. NAME OF CEMETERY OR CREMATORY Bayou Meto Cemetery	23d. LOCATION (City, town, or county) (State) Jacksonville, Arkansas.

24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.,	25. DATE RECD. BY LOCAL REG. DEC 7 1959	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1988

St. Louis

2 yrs

St. Louis

1001 Washington

X

1001 Washington

December 6, 1988

Handwritten

C.

London

12/2/1988

X

White

White

Jacksonville, Fla.

Retired - former

1001 Washington

Handwritten

Thomas Handwritten

1001 Washington

one

Handwritten

Handwritten

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 *John J. Shines*

Licensed Embalmer No. 4108

P. O. Address St Louis 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.