

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009647

FILED VS 15 1960

Registration District No. 960 Primary Registration District No. 6216 Registrar's No. 53

STATE FILE NUMBER

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walker, Township | | Length of stay in 1b 25 ym. | c. CITY OR TOWN Walker, Missouri Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, Walker, Mo. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Rural Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| | | | | | |
|---|----------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print) First Emma Middle Hardacre Last Hardacre | | | 4. DATE OF DEATH Month March Day 1st. Year 1960 | | |
| 5. SEX Female | 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 2-3-1878 | 9. AGE (last birthday) 82 | IF UNDER 1 YEAR Months 0 Day 26 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and state or country) Vernon County, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Louis E. Short | | 13b. MOTHER'S MAIDEN NAME Sarah Rainey | | 14. NAME OF HUSBAND OR WIFE Decease Willis Hardacre | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT Virgil Hardacre, Son. Address Walker, 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) Arteriosclerotic Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

| | | | |
|---|--|--|--|
| 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.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 |

21. I attended the deceased from **May 1959** to **May 1 1960** and last saw her alive on **May 1 1960**
Death occurred at **4:27 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | |
|--|-------------------|----------------------------------|-------------------------------------|
| 22a. SIGNATURE <i>Emma Hardacre</i> | (Degree or title) | 22b. ADDRESS Nevada Mo | 22c. DATE SIGNED 3-4-1960 |
|--|-------------------|----------------------------------|-------------------------------------|

| | | | |
|--|------------------------------|--|--|
| 23a. MANNER OF CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-5-1960 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery near Dederick, Missouri | 23d. LOCATION (City, town, or county) Nevada, Missouri |
|--|------------------------------|--|--|

| | | | |
|---|------------------------------------|---|---|
| 24. FUNERAL DIRECTOR Hays Funeral Service, Inc. | ADDRESS Nevada, Missouri | 25. DATE RECD. BY LOCAL REG. 3-8-1960 | 26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i> |
|---|------------------------------------|---|---|

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 19 1962

SEP 9 1963

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 Richard T. Hipp

Licensed Embalmer No. 5053
P. O. Address West

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