

Health,  
& Welfare  
Public  
Service

FILED VS NOV 15 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-044961

STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 34

300  
1-57  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Worth County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth County</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grant City Missouri</b>		c. CITY OR TOWN <b>Sheridan</b> 11301	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>800-South Lyons St 2 years</b>		d. STREET ADDRESS (If outside, give location) <b>1/2 mile south</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Marion Medille Hardrick</b>		4. DATE OF DEATH Month Day Year <b>October-18-1960</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>January-9-1876</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>	11. BIRTHPLACE (City and state or country) <b>unknown</b>
13a. FATHER'S NAME <b>John F. Hardrick</b>		13b. MOTHER'S MAIDEN NAME <b>Redecca Fletcher</b>	14. NAME OF HUSBAND OR WIFE <b>May Hardrick</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Sandford Tilton Hanibal Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma of Stomach</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3yrs</b>
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
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 <b>1950</b> to <b>Oct 18, 60</b> and last saw <sup>him</sup> alive on <b>Oct 17</b> Death occurred at <b>8:15am</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Frank B. Matteson MD</b>		22b. ADDRESS <b>Grant City, MO</b>	22c. DATE SIGNED <b>10/20/60</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>burial October-20-1960</b>		23b. NAME OF CEMETERY OR CREMATORY <b>Kirk Cemetery</b>	23c. LOCATION (City, town, or county) (State) <b>Allendale Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>John Andrews Grant City Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>November 9, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Leta E. Dawson</b>

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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 John Andrews, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed John Andrews .....

Licensed Embalmer No. 4211 .....

P. O. Address Grant City, 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.