

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE
 DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED VS FEB 8 1961
 AMENDED

149 District No. Primary Registration District No. 1002 Registrar's No. 246
 -61-001409 STATE FILE NUMBER

0 59
 78
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 S. LONG
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 10 Yr.	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3730 MONROE AVENUE	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS H HARDY			4. DATE OF DEATH Month Day Year 1 13 1961		
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-1-83	9. AGE (last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) KING CITY, MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME THOMAS L. HARDY		13b. MOTHER'S MAIDEN NAME KATURAH MENDENHALL		14. NAME OF HUSBAND OR WIFE LORENA HARDY	
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. 4		17. INFORMANT MRS. LORENA HARDY Address 3730 MONROE AVE. KANSAS CITY, MO.	
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) Terminal Bronchial Pneumonia					24 hours
DUE TO (b) Cerebral vascular accident					20 days
DUE TO (c) Cerebral Arteriosclerosis and Hypertension					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease in congestive failure-two years Acute myocardial infarction-days					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 checked="" type="checkbox"/> NO <input 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 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
21. I attended the deceased from Dec. 26, 1960 to Jan. 13, 1961 and last saw her alive on Jan. 13, 1961 Death occurred at 9:35 P. 9:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>S. Long</i> (Degree or title) M.D.			22b. ADDRESS 4800 East 24th, Kansas City, Mo.		22c. DATE SIGNED Jan. 14, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JAN 16 1961	23c. NAME OF CEMETERY OR CREMATORY WINSLOW CEMETERY		23d. LOCATION (City, town, or county) 5 MI S.E. KING CITY MO.
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 1-16-61		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address H. C. 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.