

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007600

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 206

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 3 1961

1. PLACE OF DEATH
 a. COUNTY Boone
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in lb 12 hours
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
 a. STATE Mo. b. COUNTY Jennings
 c. CITY OR TOWN St. Louis Jennings Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 7018 GARISH Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last WARREN HENRY Hardwick 4. DATE OF DEATH Month Day Year 3 25 61

5. SEX MALE 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-6-15 9. AGE (last birthday) 45 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE 10b. KIND OF BUSINESS OR INDUSTRY MAINTENANCE 11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Benton HARDWICK 13b. MOTHER'S MAIDEN NAME Prma E. STALLEY 14. NAME OF HUSBAND OR WIFE Alice C. Hardwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service?) NO 17. INFORMANT Address Mrs. Alice C. Hardwick

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pulmonary Embolus INTERVAL BETWEEN ONSET AND DEATH 4 hrs
 DUE TO (b) Thrombophlebitis both legs 2 yrs
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 3/25/61 to 3/25/61 and last saw her alive on 3/25/61
 Death occurred at 10:55 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) W. Hardwick M.D. 22b. ADDRESS 3 West Blvd No., Columbia Mo. 22c. DATE SIGNED 3/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/28/1961 23c. NAME OF CEMETERY OR CREMATORY Laural Wells 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Edward Sprinkle, Columbia, Mo. 25. DATE RECD. BY LOCAL REG. Mar. 26, 1961 26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

APR 3 1961

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

Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia

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.