

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **61-010926**

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3179**

FILED APR 14 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Length of stay in 1b <b>20 YRS.</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY		c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S INFIRMARY</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5909 WABADA</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <b>CORINNE</b> Middle <b>HARDNETT</b> Last			4. DATE OF DEATH Month <b>4</b> Day <b>2</b> Year <b>1961</b>			5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-25-11</b>	9. AGE (last birthday) <b>49</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 1 YEAR Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (City and state or country) <b>ALLIGATOR MISS U. S. A.</b>		12. CITIZEN OF WHAT COUNTRY							
13a. FATHER'S NAME <b>JOHN LEE</b>			13b. MOTHER'S MAIDEN NAME <b>LAURA GIBSON</b>			14. NAME OF HUSBAND OR WIFE <b>SYLVESTER HARDNETT</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>GOLDIE DUGGER 5557 ST. LOUIS</b>				Address						
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>Auricular Fibrillation</b> DUE TO (b) <b>Rheumatic Heart Disease</b> DUE TO (c) <b>4/6x</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											INTERVAL BETWEEN ONSET AND DEATH <b>1 wk, several years</b>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Anuria and uremia</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <b>April 16, 1956</b> to <b>April 2, 1961</b> and last saw her alive on <b>April 2, 1961</b> . Death occurred at <b>5:55 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <b>Bernard C. Randolph, M.D.</b>					22b. ADDRESS <b>4903 a Easton</b>			22c. DATE SIGNED <b>4-4-61</b>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>4-7-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK</b>			23d. LOCATION (City, town, or county) <b>BERKELEY CITY MO.</b>		(State)							
24. FUNERAL DIRECTOR <b>P. WATKINS 2700 THOMAS</b>				25. DATE RECD. BY LOCAL REG. <b>APR 5 1961</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>									

BY AFFIDAVIT OF

**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 Leroy W. Dammister

Licensed Embalmer No. A523

P. O. Address A251 Wash

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.