

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5392

FILED JUN 16 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>915 N GRAND, ST LOUIS, MO.</u>		Length of stay in lb. <u>3 DAYS</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>CLAY</u>		c. CITY OR TOWN <u>FLORA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VETS. ADMIN. HOSPT.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>GENERAL DELIVERY</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>D.</u> Last <u>HARDY</u>				4. DATE OF DEATH Month <u>JUNE</u> Day <u>8</u> Year <u>1961</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/24/95</u>	9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUTO MECHANIC</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>FLORA, ILLINOIS</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>						
13a. FATHER'S NAME <u>DAVID HARDY</u>				13b. MOTHER'S MAIDEN NAME <u>MARTHA TOPPING</u>			14. NAME OF HUSBAND OR WIFE <u>GRETHEL HARDY</u>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW I</u>				17. INFORMANT <u>GRETHEL HARDY (WIDOW) SEE #2</u>				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) <u>HYPOSTATIC BRONCHOPNEUMONIA</u> <u>DEBILITY GENERALIZED FROM GENERALIZED METASTATIC CARCINOMA</u> DUE TO (b) <u>CARCINOMA OF LEFT LOWER LOBE OF LUNG, PREVIOUSLY EXCISED</u> DUE TO (c) <u>EXCISED</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH					
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. <u>1621</u> <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 <u>10:30</u> 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. <input checked="" type="checkbox"/> Attended the deceased from <u>6/5/61</u> to <u>6/8/61</u> and last saw <u>him</u> live on <u>6/8/61</u> Death occurred at <u>10:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>[Signature]</u> Degree or title <u>M.D.</u>				22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>				22c. DATE SIGNED <u>6/9/61</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>6-12-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>			23d. LOCATION (City, town, or county) <u>Flora, Illinois</u>			(State)						
24. FUNERAL DIRECTOR <u>Hancock F. Home</u>				ADDRESS <u>Flora, Illinois</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 9 1961</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>							

**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 Spinston C. Williams

Licensed Embalmer No. 5016

P. O. Address Granite City, Del.

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.