

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019668

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 30

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 5 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Morgan</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Versailles</u>	a. STATE <u>Mo.</u> b. COUNTY <u>Morgan</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Magnolia St.</u>	c. CITY OR TOWN <u>Versailles</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) <u>Magnolia St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First <u>Thomas</u>	Middle <u>William</u>
Last <u>Hardin</u>	
4. DATE OF DEATH <u>June 1, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</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>8-27-1875</u>
9. AGE (last birthday) <u>86</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) <u>Masonery Contractor</u>	
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Sinn Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Younger Hardin</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Curry</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Hardin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Harry Hardin Versailles, Mo.</u>	
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>Cerebral Hemorrhage</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Cerebral arteriosclerosis</u>
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) <u>Prostatic Hypertrophy</u>	
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 type="checkbox"/> NO <input checked="" 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 <u>July 1958</u> to <u>present</u> and last saw <sup>him</sup> <del>her</del> alive on <u>May 31, 1962</u> Death occurred at <u>9:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Ruth Lau Dray, Jr</u> (Degree or title)	22b. ADDRESS <u>Versailles, Mo.</u>
22c. DATE SIGNED <u>6-2-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4 June 62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Morgan Co., Mo.</u>	
24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles, Mo.</u>	25. DATE RECD BY LOCAL REG. <u>6-2-62</u>
26. REGISTRAR'S SIGNATURE <u>J. L. West</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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2 0710

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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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond C. Tucker

Licensed Embalmer No. 4626

P. O. Address Verona, 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.