

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-030538

STATE FILE NUMBER

DO NOT WRITE ON THIS SUB

AMENDED

Registration District No. 107 Primary Registration District No. 2019 Registrar's No. 161

FILED SEP 4 1962

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		c. CITY OR TOWN <b>Kennett</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dunklin Co. Memorial</b>		d. STREET ADDRESS (If outside, give location) <b>709 Whitney St.</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Herman Richard Hardin, Sr.</b>			4. DATE OF DEATH Month Day Year <b>Aug. 26 1962</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</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>10/23/1895</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>3</b>	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (City and state or country) <b>Adamsville, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Jimmy Hardin</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie McGarity</b>	14. NAME OF HUSBAND OR WIFE <b>Thella Finney Hardin</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Thella F. Hardin Kennett, Mo.</b>	Address
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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) <b>pulmonary Emphysema</b>		<b>2 yr</b>
DUE TO (b) <b>arterio-sclerotic heart dis.</b>		<b>2 yr</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)	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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	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
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21. I attended the deceased from <b>1958</b> to <b>25 Aug 62</b> and last saw her/him alive on <b>25 Aug 62</b> Death occurred at <b>approximately 4:15am</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Joe A. Zimmerman M.D.</b>	22b. ADDRESS <b>Kennett Mo</b>	22c. DATE SIGNED <b>8-26-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>8/28/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mars Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Mars Hill Tenn.</b>
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24. FUNERAL DIRECTOR <b>McDaniel Funeral Ser. Kennett, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-28-1962</b>	26. REGISTRAR'S SIGNATURE <b>Earl Huskum</b>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300  
Rev. 4/59

1 0355

2 0355

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9 4200

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12 2-0

13 5-0

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

SEP 5 1962

**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

*Henry L. Roberts*

Licensed Embalmer No. 4886

P. O. Address Kennett, 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.