

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041363

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 190

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 30 1962	
1. PLACE OF DEATH a. COUNTY Vernon b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri Length of stay in 1b 65 Yrs. c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon c. CITY OR TOWN Nevada, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 402 North Main Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last Sophia Margaret Hardin	
4. DATE OF DEATH October 19, 1962	
5. SEX Female	6. COLOR OR RACE white
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-23-1878
9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 6 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----
11. BIRTHPLACE (City and state or country) Napoleon, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Wm. J. Crews	13b. MOTHER'S MAIDEN NAME Martha Ann Eickler
14. NAME OF HUSBAND OR WIFE Ora W. Hardin, Deceased	Address 222 East Ashlan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. unknown
17. INFORMANT Glenn Hardin, Son, Nevada, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerotic heart Disease DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2) Pernicious Anemia 2) Bleeding by the rectum	
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 Sept 1948 to Oct 1962 and last saw her alive on Oct 19, 1962 Death occurred at 7:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Ray W. [Signature] (Degree or title)	22b. ADDRESS Nevada, Mo.
22c. DATE SIGNED 10/27/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-22-1962
23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	23d. LOCATION (City, town, or county) Nevada, Vernon, Missouri
24. FUNERAL DIRECTOR Hays Funeral Service, Inc. ADDRESS Nevada, Missouri	25. DATE RECD. BY LOCAL REG. 10-24-1962
26. REGISTRAR'S SIGNATURE Anna E. Ferry	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1085
 21085
 3
 4 1
 5 2
 6
 7 0
 8 2
 9 4200
 10
 11
 12 1-0
 13 1-0
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 *Richard Dwyer*

Licensed Embalmer No. 9053

P. O. Address *W. H. S. Co.*

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.