

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043965

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6402 STATE FILE NUMBER

FILED DEC 11 1963

VS 300
Rev. 4/59

1
2 8210
3
4 D
5 1
6
7 1
8 1
260X
10
11
12 53-2
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE NEW YORK COUNTY BROOM	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 WEEKS	c. CITY OR TOWN BINGHAMTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 739 CHENANGO
3. NAME OF DECEASED (Type or print) First JAMES Middle MURRELL Last HARDY			4. DATE OF DEATH Month NOVEMBER Day 26 Year 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-4-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR		10b. KIND OF BUSINESS OR INDUSTRY CHIROPRACTOR	9. AGE (last birthday) 62 YEARS
13a. FATHER'S NAME FRED J. HARDY		13b. MOTHER'S MAIDEN NAME REBECCA MAIN	11. BIRTHPLACE (City and state or country) RUSH, PENNSYLVANIA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	12. CITIZEN OF WHAT COUNTRY U. S. A.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive heart failure		14. NAME OF HUSBAND OR WIFE HELEN HARDY	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH unknown	
DUE TO (c) Diabetes mellitus		unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Toxemia from Gangrene left foot.			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
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 <u>Nov 13 1963</u> to <u>Nov. 26, 1963</u> and last saw ^{her} him alive on <u>Nov 25, 1963</u> Death occurred at <u>1:50</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James Murrell Hardy</i>		22b. ADDRESS <u>926 E 11th K.C., Mo.</u>	22c. DATE SIGNED <u>Nov 26, 1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-26-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VESTAL HILLS MEM. PARK</u>	23d. LOCATION (City, town, or county) (State) <u>VESTAL NEW YORK</u>
24. FUNERAL DIRECTOR <u>WAGNER FUNERAL HOME, K. C. MO.</u>		25. DATE RECD. BY LOCAL REG. <u>11-26-63</u>	26. REGISTRAR'S SIGNATURE <i>Bessie Smith</i>

USE BLACK INK OR TYPEWRITER RIBBON

UNIVERSITY OF MISSOURI

OF ST. LOUIS

1914

Signature of Embalmer
H. E. MO
No. 1 - 12745
November 1914
No. 1 - 12745 - 4th Fl.
Cemetery

2-22

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 Alvin R. Haeussel

Licensed Embalmer No. 4159

P. O. Address H. E. 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.