

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050777
0058777 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 0058777

FILED JAN 17 1964

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1				
2 <u>0680</u>				
3				
4 <u>1</u>				
5 <u>2</u>				
6				
7 <u>0</u>				
8 <u>0</u>				
<u>9421.1</u>				
10				
11				
12 <u>66-0</u>				
13				
BY AFFIDAVIT OF		M.G. Betty	MEDICAL CERTIFICATION	
SHOULD READ				
ITEM NO.				

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>MONITEAU</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Mo.</u>		Length of stay in 1b <u>2 WEEKS</u>		c. CITY OR TOWN <u>Tipton</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>M. Baker's Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ROSS</u> Middle <u>W.</u> Last <u>Hardy</u>			4. DATE OF DEATH Month <u>12</u> Day <u>30</u> Year <u>63</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-30-48</u>	9. AGE (last birthday) <u>15</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
					Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and state or country) <u>VERSAILLES Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN WIETEN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH ELIZABETH WRAY</u>		14. NAME OF HUSBAND OR WIFE <u>D. C. HARDY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT <u>DAVID R. HARDY</u>		Address <u>1346 WEST 62ND STREET KANSAS CITY MISSOURI</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> <u>Arteric stenosis</u> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteric stenosis</u> DUE TO (c) <u>Arteric stenosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u> <u>15 yrs</u>			
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			
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 <u>7:40</u> a.m. <u>7:40</u> p.m.	Month, Day, Year <u>1948</u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>TIPTON</u>		COUNTY <u>MISSOURI</u>		STATE	
21. I attended the deceased from <u>1948</u> to <u>1948</u> and last saw her alive on <u>20 Dec '63</u> Death occurred <u>7:40</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M.D. Bennett</u> (Degree or title)		22b. ADDRESS <u>4320 Normal Rd Kansas City Mo</u>		22c. DATE SIGNED <u>30 Dec 63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>DEC. 30, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>--</u>		23d. LOCATION (City, town, or county) <u>TIPTON MISSOURI</u>			
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>12-30-63</u>		26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>				

USE BLACK INK OR TYPEWRITER RIBBON

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Dr. Maxine Berry
Deaths # 440 - 4320 Memorial Book
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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 Chester K Brown

Licensed Embalmer No. 4921

P. O. Address K O 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.