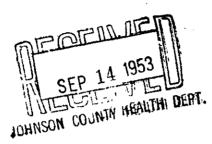
THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH JLD SEP 21 1953 PRIMARY REG. DIST. NO. 3037 Registrar's No..... BIRTH NO. 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before 1. PLACE OF DEATH a. COUNTY Johnson b. COUNTY admission) a. STATE Miggouri Johnson c. LENGTH OF c. CITY (If outside corporate limits, write RURAL and give township) b. CITY (If outside corporate limits, write RURAL and give OR STAY (in this place) 80 Vrs TOWN Warrensburg TOWN Warrensburg RECORD d. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) ADDRESS HOSPITAL OR INSTITUTION Residence I24 N.Water_ T24 <u>Water Street</u> 3. NAME OF DECEASED b. (Middle) a. (First) 4. DATE (Month) (Year) DEATH Sent Edwin Harding IOth. 1953 PERMANENT (Tupe or Print) 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR 6. COLOR OR RACE 5. SEX MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) last birthday) Months | Days Dec.I7.I868 White Married 10a. USUAL OCCUPATION (Clive kind of work 10b. KIND OF BUSINESS OR IN-11. BIRTHPLACE 12. CITIZEN OF WHAT (City and State or Foreign Country) done during most of working life, even if retired) COUNTRY? County . Missouri U.S.A. Retired Farmer Farming Cooper 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a. FATHER'S NAME Anna Elizabeth Harding Elizabeth Driskell Samuel Harding MAKE 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) Mrs. Anna Harding, Warrensburg, Mo. nonone none MEDICAL CERTIFICATION INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET OND DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Enter only one cause per line for (a), (b), and (c) ANTECEDENT CAUSES CK *This does not mean Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating. the mode of dving, such as heart failure, asthenia, the underlying cause last. etc. It means the dis-DUE TO (c) ease, injury, or complica-UNFADING II. OTHER SIGNIFICANT CONDITIONS - 1 tion which coused death. Conditions contributing to the death but not related to the disease or condition causing death 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19a. DATE OF OPERA-21a. ACCIDENT SUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 21b. PLACE OF INJURY (e.g., in or about (Specify) -USING home, farm, factory, street, office bldg., etc.) 21f. HOW DID INJURY OCCUR? 21a. INJURY OCCURRED 21d. TIME (Day) (Year) (Hour) (Month) OF NOT WHILE ! WORK AT WORK WRITE PLAINLY . 1953 to 9-IO-_. 19_53, that I last saw the deceased 22. I hereby certify that I attended the deceased from 1953, and that death occurred at 6:00P m., from the causes and on the date stated above. alive on 9-10-23c. DATE SIGNED (Degree or title)"\ 23b. ADDRESS 23a. SIGNATURE -9-I2-53 Warrensburg, Wissouri CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 24a. BURIAL, CREMA-TION, REMOVAL (Breatly) 24c. NAME OF 24b. DATE 9-13-1953 Sunset Ceme te my Warrensburg Nissouri Burial 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL A. R.A. Brauninger. Warrensburg (Licensed Embalmer's Statement on Reverse Side)



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

working under my personal supervision.

Licensed Embalmer No.

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 this body is not embalmed, fact should be so stated above.