

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001100

STATE FILE NUMBER

JAN 19 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 15

300
1-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Calhoun	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General		d. STREET ADDRESS (If outside, give location) in Calhoun	
3. NAME OF DECEASED (Type or print) First Noah Middle Hardin Last Hardin		4. DATE OF DEATH Month Jan Day 14 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 17 Feb 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		11. BIRTHPLACE (City and state or country) Calhoun, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Rufies Hardin		13b. MOTHER'S MAIDEN NAME Ida May Anders	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 496-03-6391	17. INFORMANT Troy Hardin Address Calhoun, 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) Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) Pericarditis, etiology unknown			INTERVAL BETWEEN ONSET AND DEATH Immediate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pericarditis, etiology 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE 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 Jan 5 1959 to Jan 14 1959 and last saw her alive on Jan 14 1959 Death occurred at 7:45 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. M. C. Intyre M.D. (Degree or title)		22b. ADDRESS Clinton Missouri	
22c. DATE SIGNED Jan 15 1959		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 17 Jan 1959	
23c. NAME OF CEMETERY OR CREMATORY Calhoun cemetery		23d. LOCATION (City, town, or county) (State) Calhoun Missouri	
24. FUNERAL DIRECTOR Housey Funeral Home ADDRESS Calhoun, Mo		25. DATE RECD. BY LOCAL REG. 1-17-59	
26. REGISTRAR'S SIGNATURE Mildred Bigum			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1958
FEB 9

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 *Robert L. Dunning*

Licensed Embalmer No. *4710*

P. O. Address *Clinton*

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.