

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21166

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>724</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u>)		c. LENGTH OF STAY (in this place) <u>5yrs</u>		c. CITY OR TOWN <u>St. Joseph,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>215 South 15th Street</u>				e. STREET ADDRESS (If rural, give location) <u>215 South 15th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Hardin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 14th 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Sept. 12th 1884</u>		9. AGE (In years last birthday) <u>70 yrs</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired; Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Nodaway County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wallace Hardin</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Baublitt</u>		14. NAME OF HUSBAND OR WIFE <u>(None)</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'S SIGNATURE OR NAME ADDRESS <u>Gale W. Hardin, (son) 215 S. 15th City.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>Ukn.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Bronchial Asthma</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>General Debility 4200</u> INTERVAL BETWEEN ONSET AND DEATH <u>''</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-22 1954</u> , to <u>7-14 1955</u> , that I last saw the deceased alive on <u>7-14 1955</u> , and that death occurred at <u>6:25p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. F. Mundy</u>				23b. ADDRESS <u>2801 Sacramento St. Joseph, Mo.</u>		23c. DATE SIGNED <u>7/18/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PrarieHome, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Graham Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>July 20, 1955</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thierhoff</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Raymond H. March*
.....

Licensed Embalmer No..... 44

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.