

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016095

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 15

FILED MAY 7 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Monroe			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ralls		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe City		Length of stay in 1b 2 Wks.	c. CITY OR TOWN Monroe City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Nursing Home.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. #2	
3. NAME OF DECEASED (Type or print) Irene Hornback Hardy			First	Middle	Last
4. DATE OF DEATH April 24, 1962.			Month	Day	Year
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/15/179	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 6 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Ralls County Mo.	12. CITIZEN OF WHAT COUNTRY U.S.	13a. FATHER'S NAME Marshall A. Hornback	13b. MOTHER'S MAIDEN NAME Eliza Hornback
14. NAME OF HUSBAND OR WIFE John C. Hardy	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. UNKNOWN	17. INFORMANT George Hardy, Monroe City 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) Coronary Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) _____ 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	INTERVAL BETWEEN ONSET AND DEATH W.K. W.K.
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 _____ 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 4-19-62 to 4-24-62 and last saw her ^{her} alive on 4-19-62 Death occurred at 4:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) J.A. Barnett M.D.	22b. ADDRESS Paris, Missouri
22c. DATE SIGNED 4-25-62	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery	23c. LOCATION (City, town, or county) Monroe City Mo.	24. FUNERAL DIRECTOR Harold Garner, Monroe City Mo.	25. DATE RECD. BY LOCAL REG. May 1-1962
26. REGISTRAR'S SIGNATURE Elsie Miller					

USE BLACK INK OR TYPEWRITER RIBBON

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,

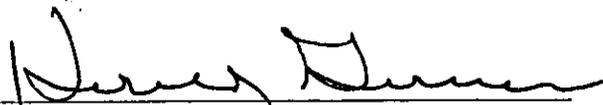
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 3720

P. O. Address Orange City, Fla.

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.