

FILED SEP 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29859

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5325 Registrar's No. 22

0280

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

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Berryman Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Berryman</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Eduard</u> c. (Last) <u>Harmon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27 1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 9 1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labour</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <u>Crawford Co. Mo.</u>	
13a. FATHER'S NAME <u>Neak Harmon</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kella</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Harmon</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME <u>Chas Harmon Berryman Mo.</u>		ADDRESS <u>Berryman Mo.</u>
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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, arteria, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia followed</u>			INTERVAL BETWEEN ONSET AND DEATH <u>490X</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Paralysis left side</u>			
	DUE TO (c) <u>following fracture hip</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Rude 6 yrs ago following arteriosclerosis</u>		19. 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6-45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas Harmon</u>	23b. ADDRESS <u>Berryman Mo.</u>	23c. DATE SIGNED <u>8/30/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Crawford Co Mo.</u>		

DATE REC'D BY LOCAL REG. <u>9-10-51</u>	REGISTRAR'S SIGNATURE <u>Chas Harmon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spahr</u>	ADDRESS <u>Peters Mo.</u>
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File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 14 1951

RECEIVED

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.

Student Embalmer No.

Signed _____

Murphy L. Spinks

Signed.....
Student Embalmer

Licensed Embalmer No. *4236*

P. O. Address *Flat Rue 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.