

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5506 Registrar's No. 45

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

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARTWELL T.W.P.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartwell Clinton Rural</u>	
c. LENGTH OF STAY (In this place) <u>&</u>		d. STREET ADDRESS (If rural, give location) <u>Nw on Highway 35 to K C</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE Clinton Jwp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>X</u> c. (Last) <u>HARBSTREET</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>2</u> <u>1953</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>9 30 1867</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Days <u>4</u> Hours <u>2</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Famer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton Illinois /</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>John Harbstreet</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Rahen</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Mae Harbstreet</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cora Mae Harbstreet Hartwell Mo</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>Lobar Pneumonia Hypostatic</u>			INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Arterial sclerosis</u>				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</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)		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 Feb 1, 1953, to Feb 1, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 8:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Quod West MD</u>		23b. ADDRESS <u>200-2 Clinton Mo</u>		23c. DATE SIGNED <u>Feb 2, 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NORRIS CEMETERY</u>	
		24d. LOCATION (City, town, or county) (State) <u>Henry County Missouri</u>			

DATE REC'D BY LOCAL REG. <u>Feb. 4 - 53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Wilkinson Clinton</u>	
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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
Student Embalmer

Signed

F. L. Schaberg

Licensed Embalmer No. *4593*

P. O. Address *Clinton, Mo.*

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.