

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9513**

FILED APR 1 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **584** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. CITY <b>Newton</b>	
b. CITY (If on table of approved cities and towns) <b>RFD Sarsawie</b>		c. LENGTH OF STAY (in this place) <b>1 1/2 yrs</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Home 6 mi S of</b>		STREET ADDRESS (If rural, give location) <b>Sarsawie Mo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacob</b> b. (Middle) <b>Harber</b> c. (Last) <b>Harber</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-19-1957</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>6-29-1861</b>	9. AGE (In years last birthday) <b>95</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Towmville N.Y.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Harber</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Kershey</b>	14. NAME OF HUSBAND OR WIFE <b>Ida Harber</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Frank Berby Sarsawie Mo</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Less than 1 hr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cornary Occlusion</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis with arterio Sclerotic</b> DUE TO (c) <b>Senility Leach disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **not attended**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter M. Young, M.D., Registrar</b>	23b. ADDRESS <b>Newton Mo</b>	23c. DATE SIGNED <b>3/21/57</b>
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24a. BURIAL, CREMATION, REMOVAL (to city)	24b. DATE <b>3-22-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Harber Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Sarsawie Mo</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 22, 1957</b>	REGISTRAR'S SIGNATURE <b>M. Young</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jackson &amp; Sons</b>	ADDRESS <b>Sarsawie Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

225

RECEIVED

Health Officer No. Newton  
Case File Number 357-70  
Date Filed MAR 29 1957

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 Wm K. Jackson  
Licensed Embalmer No. 395  
P. O. Address Savoy

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.