

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4150

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 17

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dexter</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Dexter</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Length of stay in 1b <b>2 years</b>	d. STREET ADDRESS (If outside, give location) <b>710 No. Catalpa</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Alfred</b> Last <b>Harty</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>13,</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 12, 1887</b>
9. AGE (In years from birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <b>Retired Shop-Worker</b>	11. BIRTHPLACE (City and state or country) <b>Puxico, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <b>Retired Shop-Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pontiac Motors</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>James Carol Harty</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Jane Scott</b>	14. NAME OF HUSBAND OR WIFE <b>Lillie Belle Harty</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>370-07-4390</b>	17. INFORMANT Address <b>Mrs. Lillie Belle Harty, Dexter, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hours</b> <b>3 years</b>
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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 _____ <b>August 5, 1958</b> and last saw her/him alive on _____ <b>Jan 13, 1958</b> Death occurred at _____ <b>12:00 P. M.</b> _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. Comeau</b>		22b. ADDRESS <b>M. S. W. Grant, Dexter, Mo</b>	
22c. DATE SIGNED <b>1/17/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-16-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Puxico</b>	23d. LOCATION (City, town, or county) (State) <b>Puxico, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Strickland-Rainey Dexter, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1/18/58</b>	26. REGISTRAR'S SIGNATURE <b>Valma V. Jenkins</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Luisillo Rainey* .....

Licensed Embalmer No. *4983* .....

P. O. Address *Reister, Md.*

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.