

FILED AUG 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22122

Registration District No. 27

Primary Registration District No. 5079

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Spring - Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Johnstown Mo - Monroe R.F.D.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Callie Elmoe Harbert

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W /

6. (b) Name of husband or wife Sherman Harbert

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 26 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Calloway Co. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Holt13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Annanda Randolph15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Vivian Harbert(b) Address Johnstown, Mo17. (a) Burial (b) Date thereof 8-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Johnstown Cemetery18. (a) Signature of funeral director Clive Underwood(b) Address Butte, Mo.19. (a) 8-4-48 (b) Kendall Kersey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Johnstown, Mo. 0
(If outside city or town limits, write "RURAL.")

(d) Street No. Monroe R.F.D. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1948 hour 12 minute 15 A.M.21. I hereby certify that I attended the deceased from Oct 18 1947 to July 30 1948
that I last saw her alive on July 23 1948
and that death occurred on the day and hour stated above.Immediate cause of death Cerebral HemorrhageDue to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations NO 830Of autopsy NO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Clive Underwood (M. D. or other) _____Address Butte, Mo. Date signed 8-2-48

RECEIVED

District Health Officer No. 7,

District File Number 7-48-920

Date Filed 8-9-58

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.....

Robert D. Steinbeck....., Registered Apprentice No. 200
working under my personal supervision.

Signed.....

John G. Underwood
Licensed Embalmer No: 3585
P. O. Address... Butler 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.