

No. 300  
10.48

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **717**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 5330 Registrar's No. 2

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 OR TOWN <u>RURAL (OSAGE)</u> c. LENGTH OF STAY (in this place) <u>10 YRS.</u>		c. CITY OR TOWN <u>RURAL</u> d. STREET ADDRESS <u>1 MILE S. OF CHERRYVILLE, MO.</u>	

3. NAME OF DECEASED (Type or Print) <u>PHEOBA ESTHER HARMON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-1949</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>7-30-1916</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CRAWFORD Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>EMERSON HARMON</u>	13b. MOTHER'S MAIDEN NAME <u>FLORENCE PARROTT</u>	14. NAME OF HUSBAND OR WIFE
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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>MRS. FLORENCE HARMON</u>	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Miliary tuberculosis (acute)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
	ANTECEDENT CAUSES As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u>		
	DUE TO (c) _____		
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? 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) m.	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 June, 1946 to Jan. 14, 1949, that I last saw the deceased alive on Jan 14, 1949, and that death occurred at 2:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William H. Robert D.D.</u>	23b. ADDRESS <u>Steelville Mo</u>	23c. DATE SIGNED <u>1/21/49</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARTIN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CRAWFORD Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/27/49</u>	REGISTRAR'S SIGNATURE <u>Elsie Hanson</u>	98	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas S. Schubert</u>	ADDRESS <u>Steelville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

~~DATE PAID 1-31-49~~  
~~DISTRICT FILE NUMBER 27980~~  
DISTRICT HEALTH OFFICER NO. 2  
RECEIVED 1-31-49

FEB - 7 1949

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

*Thomas L. Hedrick*

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.