No. 300
10.48

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16751

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 119

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

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 422 So. Mattie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
d. STREET ADDRESS (If rural, give location): 422 So. Mattie

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle): MARIE
c. (Last): HARMON

4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/3/12
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pickering, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Jess Green
13b. MOTHER'S MAIDEN NAME: May Weaver
14. NAME OF HUSBAND OR WIFE: Vacile S. Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the mid ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic carcinoma of the mid ?
DUE TO (c) Carcinoma of breast ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) 194X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1948, *to* May 9, 1949, *that I last saw the deceased alive on* 5-8-1949, *and that death occurred at* 3:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. E. Byland (Degree or title) M. D.
23b. ADDRESS: Maryville, Missouri
23c. DATE SIGNED: 5-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/11/49
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill
24d. LOCATION (City, town, or county) (State): Maryville, Missouri

DATE REC'D BY LOCAL REG.: 5-14-49
REGISTRAR'S SIGNATURE: Bess Holt
25. FUNERAL DIRECTOR'S SIGNATURE: John W. Price — ADDRESS: Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 L. SOUTER, Student Embalmer No. 309 working under my personal supervision.

Signed Robert L. Souter
Student Embalmer

Signed John W. Price
Licensed Embalmer No. 4281
P. O. Address Maryville 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.