

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19235  
Registrar's No. 37

FILED JUL 11 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5459

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bois Dore</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bois Dore</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Zebulon</u> c. (Last) <u>Harleman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 4, 1871</u>	9. AGE (In years last birthday) <u>77</u>	10. IF UNDER 1 YEAR (Days) <u>7</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Zebulon Harleman</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Swanner</u>		14. NAME OF HUSBAND OR WIFE <u>Cora M. Harleman</u>	
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 <u>Cora M. Harleman Bois Dore, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 months</u>  <u>1 yr.</u>  <u>197X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of prostate</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral insufficiency</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"/>

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)
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?

22. I hereby certify that I attended the deceased from Sept., 1948, to June 23, 1949, that I last saw the deceased alive on June 22, 1949, and that death occurred at 1 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. M. Clark M.D.</u> (Degree or title)	23b. ADDRESS <u>Halltown Mo.</u>	23c. DATE SIGNED <u>6/25/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>

DATE REC'D. BY LOCAL REG. <u>6/25/49</u>	REGISTRAR'S SIGNATURE <u>Drew H. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith ...</u> ADDRESS <u>1311 ...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Greene County Health Office,

County File Number 49-6-43

Date Filed 6-30-49

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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 Warren D. Noble

Licensed Embalmer No. 4005

P. O. Address Old Grove 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.