

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26518

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5364 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty Township	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 10 Miles N. E. Gallatin, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 Miles N. E. Gallatin, Mo.		e. FULL NAME OF HOSPITAL OR INSTITUTION 10 Miles N. E. Gallatin, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Adolphus b. (Middle) Marshall c. (Last) Harman			4. DATE OF DEATH (Month) (Day) (Year) August 5 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 5 1864		9. AGE (In year last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (State or foreign country) Daviess County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Jasper Harman	13b. MOTHER'S MAIDEN NAME Minerva Thornhill	14. NAME OF HUSBAND OR WIFE Mary Harman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME C.M. Harman	ADDRESS St. Joseph, Missouri
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cardio vascular renal disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Strangulated Hernia		442X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 **Aug 4, 1949**, to **Aug 5, 1949**, that I last saw the deceased alive on **Aug 5, 1949**, and that death occurred at **1:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Walter J. ...	(Degree of 1949)	23b. ADDRESS Gallatin Mo.	23c. DATE SIGNED 15 Aug 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-7-49	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	24d. LOCATION (City, town, or county) (State) Gallatin, Mo.
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DATE REC'D BY LOCAL REG. 15 Aug. 1949	REGISTRAR'S SIGNATURE Virginia M. Engelhart	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home	ADDRESS Gallatin, Mo.
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lerna L. Hope

Licensed Embalmer No. 2167

P. O. Address Fallston, 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.