

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36165**

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **322**

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo b. COUNTY SCOTLAND	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEMPHIS	
c. LENGTH OF STAY (in this place) 6 DAYS		99 1 0 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAUGHLIN HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) LEE c. (Last) HARBIDGE			4. DATE OF DEATH (Month) (Day) (Year) 11 - 6 - 1949		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	
8. DATE OF BIRTH 1-1-1873		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 10 Days 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 0 MO SCOTLAND COUNTY	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME JOHN W. HARBIDGE		13b. MOTHER'S MAIDEN NAME JANEM. PENN		14. NAME OF HUSBAND OR WIFE LULU M. HARBIDGE	
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 Charles R. Scott MEMPHIS MO	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 4 days
		ANTECEDENT CAUSES Arteriosclerosis, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis &			3324
		DUE TO (c) Hypertensive Heart Disease			?
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Nephritis & Uremia			?

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 **11/3**, 19**49**, to **11/6**, 19**49**, that I last saw the deceased alive on **11/6**, 19**49**, and that death occurred at **6:40 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. C. Plure D.O.		23b. ADDRESS Terborville MO		23c. DATE SIGNED 11/7/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-8-1949		24c. NAME OF CEMETERY OR CREMATORY CANTRIL	
				24d. LOCATION (City, town, or county) (State) CANTRIL IA	

DATE REC'D BY LOCAL REG. 11-9-49		REGISTRAR'S SIGNATURE Hate Lambert		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS H. W. Payne - 2000 Memphis	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 17 1957

DEC 19 1950

NOV 15 1949

RECEIVED

District Health Officer No.

District File Number 11-4-256

NOV 15 1949

Dist. (P.D.)

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 *J. H. Payne*

Licensed Embalmer No. 2196

P. O. Address *Memphis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.