

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36389

State File No.

| | | | | | | | |
|---|-------------------------------|--|---------------------------------------|--|--------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>1309</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Bohannon</u> | | b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph 2</u> | | c. LENGTH OF STAY (in this place) <u>5 months</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Mayville</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2.</u> | | d. STREET ADDRESS <u>✓</u> | | b. COUNTY <u>Dakota</u> | | admission) <u>32</u> | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | | |
| a. (First) <u>MARION</u> | | b. (Middle) <u>—</u> | | c. (Last) <u>HARLESS.</u> | | 11-26-1949. | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>1871-?-?</u> | 9. AGE (In years last birthday) <u>78</u> | IF BORN YEAR Months Days | IF ORDER IN REG. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial labor</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Leachman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Leachman</u> | | 14. NAME OF HUSBAND OR WIFE <u>—</u> | | | |
| 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. <u>None.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mc Hall County Court - Mayville, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> | | DUE TO (b) <u>arterio-sclerosis</u> | | | | 2 years | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | | | 15 years | |
| II. OTHER SIGNIFICANT CONDITIONS <u>mental deficiency with psychosis</u> | | | | | | 42 21 | |
| 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 <u>6-22</u> , 1949, to <u>11-23</u> , 1949, that I last saw the deceased alive on <u>11-22</u> , 1949, and that death occurred at <u>12:30 AM.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. H. Morrowy - M.D.</u> | | 23b. ADDRESS <u>St. Joseph Mo State Hospital No. 2.</u> | | 23c. DATE SIGNED <u>11-26-49.</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11-29-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>School of Osteopathy</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec. 2, 1949</u> | | REGISTRAR'S SIGNATURE <u>K. G. Jenkins</u> 382 | | 25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Herman W. Seidenfaden 1802 Union St</u> | | | |

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

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.

Signed.....
Student Embalmer

Signed *Robert H. Yapple*.....

Licensed Embalmer No. 3308.....

P. O. Address St Joseph, 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.