

S. No. 300?
v. 10-44

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1547

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5385 Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) CARTHAGE Rt. #1		c. CITY (If outside corporate limits, write RURAL and give township) CARTHAGE MADISON RURAL	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) RURAL RT # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION RT. #1			

3. NAME OF DECEASED (Type or Print)	a. (First) HAZEL	b. (Middle) MARIE	c. (Last) HARMON	4. DATE OF DEATH (Month) (Day) (Year) JAN 24 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept 10, 1906	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 4 Days 7 Hours 14 Min.	IF UNDER 12 HRS. Hours 14 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Dadeville, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Henry W. Wise	13b. MOTHER'S MAIDEN NAME Mary Alice Hembree	14. NAME OF HUSBAND OR WIFE U. C. Harmon
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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 U. C. Harmon	ADDRESS Rt. #1
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastases DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		190X	
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 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **October 1949**, to **1-23 1950**, that I last saw the deceased alive on **1-23 1950**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED Jan 24-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-29-50	24c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery	24d. LOCATION (City, town, or county) (State) Jasper, Missouri
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DATE REC'D BY LOCAL REG. Jan 24-50	REGISTRAR'S SIGNATURE [Signature] 139	25. FUNERAL DIRECTOR'S SIGNATURE ULMER FUNERAL HOME, Carthage, Mo.	ADDRESS
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Per. H. Ferguson (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-30-50
Jasper County Health Office

County File Number 50-1-50

Date Filed 1-30-50

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

John S. Diemeke

Licensed Embalmer No. 4194

P. O. Address _____

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.