

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19687**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **5242** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bee Branch</b> OR <b>New Cambria - Rural</b> TOWN		c. LENGTH OF STAY (in this place) <b>60 yrs.</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>New Cambria, rural - Bee Branch</b> OR TOWN		TWP. <b>0210</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none R-2 - New Cambria</b>		d. STREET ADDRESS (If rural, give location) <b>R-2 - New Cambria 0210</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Mary</b>	b. (Middle) <b>Isabelle</b>	c. (Last) <b>Harman</b>	(Month) <b>June</b>	(Day) <b>6</b>	(Year) <b>1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>March 25, 1872</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Bynumville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Melton Minks</b>		13b. MOTHER'S MAIDEN NAME <b>Mary</b>		14. NAME OF HUSBAND OR WIFE <b>General Sherman Harman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sterling Chester Harman, St. Louis, Mo.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis with Decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
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. <b>Secondary aneurism</b>		<b>47.22</b> <b>Indefinite</b>
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)		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 **4/29**, 19**50**, to **6/6**, 19**50**, that I last saw the deceased alive on **6/6**, 19**50**, and that death occurred at **7:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Howard M. Nelson, M.D.</b>		(Degree or title)		23b. ADDRESS <b>Nelson</b>	
23c. DATE SIGNED <b>6/8/50</b>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 9, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Johnson Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Lagonda, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>6-9-50</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>James M. Laughlin Marceline, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 12  
District Health Officer No. 3,

District File Number.....

Date Filed 6-24-20

RECEIVED  
JUN 24 1920

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 Blanche M. Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.