

THE DIVISION OF HEALTH OF MISSOURI  
 FILED SEP 21 1950 STANDARD CERTIFICATE OF DEATH

31030

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 52

0600  
 1

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

1. PLACE OF DEATH a. COUNTY <u>MC DONALD</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MC DONALD</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANAGAN</u>		c. LENGTH OF STAY (in this place) <u>10 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANAGAN</u>		0600
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>HARNAR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-26-50</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>1-18-1864</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (State or foreign country) <u>ALBANY-MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>MICHAEL-KORN</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY CAMERON</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE-M. HARNAR</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>V</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearl Kennedy Cleveland mo</u>			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>5/30, 1950</u> , to <u>7/26, 1950</u> , that I last saw the deceased alive on <u>7/26, 1950</u> , and that death occurred at <u>11:55 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>L.D. Fountain</u> (Degree or title) <u>D. O. P.</u>			23b. ADDRESS <u>mo</u>		23c. DATE SIGNED <u>aug 31, 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lanagan</u>	24d. LOCATION (City, town, or county) (State) <u>mo</u>		
DATE REC'D BY LOCAL REG <u>8-31-50</u>	REGISTRAR'S SIGNATURE <u>Marye Humphrey</u>	425	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pearl Kennedy Cleveland</u>		

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED SEP 11 1950

Dist. File 960-1926

Date Filed 9-19-50

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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 Mayme E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Pinckneyville, 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.