

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32659**
1191
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry	
c. LENGTH OF STAY (In this place) 5 days		0387	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Katie	b. (Middle) Irene	c. (Last) Harkrider	4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 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 Nov. 23, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Sagamon County, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. J. Harnsberger	13b. MOTHER'S MAIDEN NAME Nancy C. Campbell	14. NAME OF HUSBAND OR WIFE G. F. Harkrider
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME G.F. Harkrider	ADDRESS Stanberry, Missouri
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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, asphyxia, 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) Pneumonia		1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture 2 Humerus DUE TO (c) F 190 30		21
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION NO	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) suicide accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Stanberry Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-11-50 11:?? a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell down
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22. I hereby certify that I attended the deceased from **10-17**, 19**50**, to **10-21**, 19**50**, that I last saw the deceased alive on **10-21**, 19**50**, and that death occurred at **10:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Jacob Kulasli (Degree or title) MD	23b. ADDRESS St. Joseph, Missouri	23c. DATE SIGNED 10-23-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 10/21/1950	24c. NAME OF CEMETERY OR CREMATORY -----	24d. LOCATION (City, town, or county) (State) Stanberry, Missouri
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DATE REC'D BY LOCAL REG. Oct 26, 1950	REGISTRAR'S SIGNATURE Carl C. Carter	FUNERAL DIRECTOR'S SIGNATURE Neaton Bowman	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Kulawski
Dentist, Bladys.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Eugene Wood

Signed.....
Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph

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.