

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36864

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>4229</u>		Registrar's No. <u>100</u>	
1. PLACE OF DEATH a. COUNTY <u>HOWARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HOWARD</u>			
b. CITY OR TOWN <u>NEW FRANKLIN</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY OR TOWN <u>NEW FRANKLIN 0450</u>		d. STREET ADDRESS (If rural, give location) <u>302 Church</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		3. NAME OF DECEASED (Type or Print) a. (First) <u>TOM</u> b. (Middle) _____ c. (Last) <u>HARMON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1 - 1950</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Sept. 2 - 1907</u>	
9. AGE (In years last birthday) <u>43</u>		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>FARM.</u>		11. BIRTHPLACE (State or foreign country) <u>HOWARD CO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>AMOS HARMON</u>		13b. MOTHER'S MAIDEN NAME <u>Goldie Moyer</u>		14. NAME OF HUSBAND OR WIFE <u>Jewell Wehmeyer</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>486-18-6677</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Harmon</u>		ADDRESS _____	
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) <u>Pulmonary Tbc</u>  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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
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 <u>Nov 28</u> , 19 <u>50</u> , to <u>Dec 1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 30</u> , 1950, and that death occurred at <u>11:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Mary K. Shello</u> (Degree or title) _____				23b. ADDRESS <u>436</u> _____		23c. DATE SIGNED <u>12-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 3 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-6-50</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shello</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.L.L. Hall New Franklin</u>			

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

RECEIVED

12/8/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

12/8/50

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.

Signed

R. H. Hall

Signed

Student Embalmer

Licensed Embalmer No.

3515

P. O. Address

New Franklin

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.