

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **435**

FILED JAN 17 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Marble Hill</b>	
c. LENGTH OF STAY (in this place) <b>6 days</b>		d. STREET ADDRESS (If rural, give location) <b>0090</b> <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle) <b>H</b>		c. (Last) <b>Harman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 2, 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Aug. 4, 1870</b>	
9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>80</b>	
11. BIRTHPLACE (State or foreign country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		11. BIRTHPLACE (State or foreign country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-30-0582</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. L. A. Kinder</b> ADDRESS <b>Jackson, MO.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hr</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Dysentery</b>		3 hr	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		048X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 **Dec 28, 1950**, to **Jan 2, 1951**, that I last saw the deceased alive on **Jan 1, 1951**, and that death occurred at **7:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>D. L. Starnes</b> (Degree or title)		23b. ADDRESS <b>Jackson Mo</b>		23c. DATE SIGNED <b>Jan 2-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 4<sup>th</sup> 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Russell Heights</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>1-3-1951</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		FUNERAL DIRECTOR'S SIGNATURE <b>McComb Funeral Co</b> ADDRESS <b>Jackson, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JAN 15 1951

DISTRICT HEALTH OFFICE No.

No. ....

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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 .....

working under my personal supervision.

Student Embalmer No. ....

Signed

*Thos. K. Allen*

Signed .....

Student Embalmer

Licensed Embalmer No. 4053-

P. O. Address Jackson

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.