

FILED JAN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1475

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 7th		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lawton	
c. LENGTH OF STAY (in this place) 18 days		d. STREET ADDRESS (If rural, give location) 5mi N. Carl Junction Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Truman Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Rosie b. (Middle) Lee c. (Last) Harriman			4. DATE OF DEATH (Month) (Day) (Year) 1 - 12 - 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-5-1882	9. AGE (In years last birthday) 69	10. MONTHS 0	11. DAYS 7	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, if not retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Austin, Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jim Mc Linden	13b. MOTHER'S MAIDEN NAME Emma Perry	14. NAME OF HUSBAND OR WIFE Charles A. Harriman
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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 Charles A. Harriman	17. ADDRESS Lawton, Mo.
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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 Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Arterial Sclerotic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis arising from the right ovary of 5 years duration. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		193X	

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., to 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 6-26, 1949, to 1-12, 1951, that I last saw the deceased alive on 1-12, 1951, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 321 Frisco Bldg., Joplin, Mo.	23c. DATE SIGNED 1-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-18-1951	24c. NAME OF CEMETERY OR CREMATORY Carl Junction	24d. LOCATION (City, town, or county) (State) Carl Junction Mo.
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DATE REC'D BY LOCAL REG. 1-18-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	25. ADDRESS Carl Junction, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3445

3244

RECEIVED /-22-51
Jasper County Health Office

County File Number 51-1-31
Date Filed 1-22-51

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.....
Student Embalmer

Signed James E. Ames

Licensed Embalmer No. 4463

P. O. Address Waverly City, 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.