

FILED FEB 5 1951

THE DIVISION OF HEALTH OF THE STATE OF NEVADA  
STANDARD CERTIFICATE OF DEATH

State File No. **3577**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>no</b> b. COUNTY <b>Vernon</b>	
b. CITY OR TOWN <b>Nevada</b>		c. CITY OR TOWN <b>Nevada</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>802. W. Walnut</b>		d. STREET ADDRESS (If usual residence) <b>405. E. French</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lura</b> b. (Middle) <b>Ellen</b> c. (Last) <b>Harber</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-21-51</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>April 3, 1878</b>
9. AGE (In years last birthday) <b>73</b>		10. UNDER 1 YEAR (Months) <b>9</b> (Days) <b>18</b>	11. UNDER 2 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Queenhome</b>	11. BIRTHPLACE (State or foreign country) <b>Lamar, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>James M &amp; Kay</b>	
13b. MOTHER'S MAIDEN NAME <b>Josephine Barlet</b>		14. NAME OF HUSBAND OR WIFE <b>Clarence N. Harber</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ellen Harber</b>		ADDRESS <b>St. Louis, Mo.</b>	
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 Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary occlusion</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>3 minutes</b> <b>6 wh</b> <b>4201</b>	
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 <b>July 10, 1946</b> , to <b>Jan 21, 1951</b> , that I last saw the deceased alive on <b>Jan 20, 1951</b> , and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <b>Raymond Pearson M.D.</b>		23b. ADDRESS <b>Nevada Ave.</b>	23c. DATE SIGNED <b>1/21/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-24-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton-Burial Park, Nevada, Mo.</b>	24d. LOCATION (City, town, or county) (State) <b>Mo.</b>
DATE REC'D BY LOCAL REG. <b>1-26-51</b>	REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Archie Funeral Home</b>	

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 29 1951

Dist. File 151-234

Date Filed 1-29-51

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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 Marsh. E. Eichen

Licensed Embalmer No. 26276

P. O. Address Nevada 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.