

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12052**

FILED MAY 7 1951

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BIRTH NO. _____		REG. DIST. NO. 96		PRIMARY REG. DIST. NO. 5351		Registrar's No. 415	
1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dallas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Texas Rural Life		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Texas No. R.R.		d. STREET ADDRESS (If rural, give location) 0300	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____							
3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) BONNE c. (Last) HARMON			4. DATE OF DEATH (Month) (Day) (Year) 4-20-1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-24-1868		9. AGE (In years last birthday) 83	If under 1 year Months 1 Days 26	If under 12 hrs. Hours 26 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Smelting		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Labor Harmon		13b. MOTHER'S MAIDEN NAME Mary Quezley		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Hanna Harmon ADDRESS Texas No			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Gangrene of Foot ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 wks 2 83 yrs.
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) 4501			
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? _____			
22. I hereby certify that I attended the deceased from _____, 19 40 , to 4-20 , 19 51 , that I last saw the deceased alive on 4-18 , 19 51 , and that death occurred at 1 a m., from the causes and on the date stated above.							
23a. SIGNATURE Clara O. Harmon (Degree or title) M.D.				23b. ADDRESS Buffalo, Mo.		23c. DATE SIGNED 4-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-22-1951	24c. NAME OF CEMETERY OR CREMATORY Hopewell		24d. LOCATION (City, town, or county) (State) Dallas Co Mo		
DATE REC'D BY LOCAL REG. 4/30-51		REGISTRAR'S SIGNATURE Mr J B Jones 80		25. FUNERAL DIRECTOR'S SIGNATURE L B Jones ADDRESS Buffalo Mo			

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 2 1951

Dist. File 5-57-93-2

Date Filed 5-2-51

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 Marna B Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.