

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34470

State File No.

~~NOV~~ **OCT 15 1951**
 BIRTH NO. _____ REG. DIST. NO. **248** PRIMARY REG. DIST. NO. **584** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Buffalo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Buffalo 073	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi. E. of Seneca		d. STREET ADDRESS (If rural, give location) 5 mi. E. of Seneca	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Orval c. (Last) Harding			4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1951		
5. SEX Male	6. COLOR OR RACE whit.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mar.	8. DATE OF BIRTH Jan. 21, 1893	9. AGE (In years last birthday) 58	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joe Harding		13b. MOTHER'S MAIDEN NAME Sarah Mullins		14. NAME OF HUSBAND OR WIFE May Harding	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virgil Harding, rte 4, Neosho, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis		
	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.			

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) 4214
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 _____, 19____, **Sept 29**, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. M. S. Mendelsohn		23b. ADDRESS Seneca Mo		23c. DATE SIGNED 10-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-2-51	24c. NAME OF CEMETERY OR CREMATORY New Salem C.	24d. LOCATION (City, town, or county) (State) Newton Co. Mo.		
DATE REC'D BY LOCAL REG. 10-1-51	REGISTRAR'S SIGNATURE Phyllis Brite 417	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. S. Seneca Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number **1951** _____

Date Filed **OCT 8** _____

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

• 611

C

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 W E Bradlee

Licensed Embalmer No. 2174

P. O. Address Seneca 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.