

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34521

State File No.

20

BIRTH NO.		REG. DIST. NO. <u>265</u>		PRIMARY REG. DIST. NO. <u>5827</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nottingham-Rural-Nottingham, 64 yrs</u>		c. LENGTH OF STAY (In this place) <u>64 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nottingham, Rural--Nottingham Twp</u>		0779	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Nottingham, Ozark Co.</u>				d. STREET ADDRESS (If rural, give location) <u>Ozark Co. Nottingham Twp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>		b. (Middle) <u>Evelena</u>		c. (Last) <u>Harley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9--21--51</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12/3/1871</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 1 YEAR Days <u>18</u>		IF UNDER 1 HRS. Hours <u>18</u> Min. <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Faiefield Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Sommerville</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Warner</u>		14. NAME OF HUSBAND OR WIFE <u>Nathan Harley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Myrtle Heckman Wilhoit, Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis</u> DUE TO (c) <u>Arterial Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>1 yr</u> <u>6 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>59:3X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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 <u>8-27</u> , 19 <u>45</u> , to <u>9-21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-21</u> , 19 <u>51</u> , and that death occurred at <u>4:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. J. Haerman</u>		23b. ADDRESS <u>502 S. Jamesville, Mo</u>		23c. DATE SIGNED <u>9-24-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Franklin Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ozark County--Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-25-51</u>		REGISTRAR'S SIGNATURE <u>Mae Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blinkinghead Funeral Home, Jamesville, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED OCT 2 1964
Dist. File
Date Filed

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 Chuter A. Ray

Licensed Embalmer No. 3044

P. O. Address Spinnville, 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.