

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17493

State File No.

FILED JUN 6 1952

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE	
b. CITY OR TOWN LOUISIANA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EOlia, Missouri	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 08201	
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE COUNTY Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Winston b. (Middle) Perris f. (Last) Harding			4. DATE OF DEATH (Month) (Day) (Year) May 14 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH January 1-1884		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI	

13a. FATHER'S NAME Wm. Austin Harding		13b. MOTHER'S MAIDEN NAME Alice Atkins		14. NAME OF HUSBAND OR WIFE Emma Harding	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MARGARET GOVERO - Eolia, Mo. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Occlusion				6 hrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Cerebrovascular				4 yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Leucos					

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., in 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 **4-10-1952**, to **5-14-52**, that I last saw the deceased alive on **5-14-52**, 19 and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. A. Kewell M.D. Louisiana Mo (Degree or title)		23b. ADDRESS 026X		23c. DATE SIGNED 5/15/52	
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE May 16, 1952		24c. NAME OF CEMETERY OR CREMATORY Eolia Cemetery		24d. LOCATION (City, town, or county) (State) Eolia, Missouri	
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DATE REC'D BY LOCAL REG. May 20, 1952		REGISTRAR'S SIGNATURE Bernice Collier		FUNERAL DIRECTOR'S SIGNATURE John S. Walker ADDRESS Eolia, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

871
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MAY 6 1977
MAY 6 1977

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.

Signed _____
Student Embalmer

Signed *George O. Hagner*
Student Embalmer No. _____

Licensed Embalmer No. *3773*

P. O. Address *Louisiana, 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.