

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25085

State File No.

REC'D AUG 13 1952

BIRTH NO. <u>70219</u>		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>244</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u> <u>0644</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harribel</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harribel</u>		d. STREET ADDRESS (If rural, give location) <u>504 N. Main</u>	
3. NAME OF DECEASED a. (First) <u>Patricia</u> b. (Middle) <u>Here</u> c. (Last) <u>Harker</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		9. AGE (In years) (If under 1 year: Months) (If under 12 mos. last birthday) (Days) (Hours) (Min.) <u>0 8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Harribel Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Richard de Roy Harker</u>		13b. MOTHER'S MAIDEN NAME <u>Nazel Mae Reed</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Richard de Roy Harker</u> <u>504 N. Main</u> <u>Harribel 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>along with Spinal</u> DUE TO (c) <u>Bifida</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	
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)			
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>Oct. 30</u> , 19 <u>51</u> , to <u>July 20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 16</u> , 19 <u>52</u> , and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Do not use title) <u>L. H. Stuhlman</u>				23b. ADDRESS <u>N.O. 2</u> <u>Harribel Mo</u>		23c. DATE SIGNED <u>7/23/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harribel Marion MO</u>	
DATE REC'D BY LOCAL REG. <u>7/30/52</u>		REGISTRAR'S SIGNATURE <u>W. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Michael J. O'Connell</u> <u>Harribel Mo</u>			

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

Handwritten notes on the left margin, including "10/10/52" and "10/10/52".

RECEIVED AUG 12 1952
MARION CO. HEALTH DEPT.
DATE FILED AUG 12 1952

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 Michael J. O'Rourke

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.