No. 300
10.46

FILED AUG 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27202

BIRTH NO. ____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 839

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

1. PLACE OF DEATH
a. COUNTY Buchanan 0117
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 723 South 11th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Atchison 0.30
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfax - rural 1
d. STREET ADDRESS (If rural, give location) 8½ miles east

3. NAME OF DECEASED (Type or Print)
a. (First) ALBERT
b. (Middle)
c. (Last) HARBISON

4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 52

5. SEX Male ✓
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 4/26/86
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own account
11. BIRTHPLACE (State or foreign country) Skidmore, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph H. Harbison
13b. MOTHER'S MAIDEN NAME Sarah Williamson
14. NAME OF HUSBAND OR WIFE Nellie Olds Harbison, dec.

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 ADDRESS Mrs. John Money, Fairfax, Mo.

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) Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

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 ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 aug, 1952, *to* Aug. 7, 1952, *that I last saw the deceased alive on* 8-6, 1952, *and that death occurred at* 5:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE Clement C. Richman (Degree or title) M. D.
23b. ADDRESS St. Joseph, Missouri
23c. DATE SIGNED 8-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 8/9/52
24c. NAME OF CEMETERY OR CREMATORY Quitman
24d. LOCATION (City, town, or county) (State) Quitman, Missouri

DATE REC'D BY LOCAL REG. August 11, 1952
REGISTRAR'S SIGNATURE Carl C. Castle
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.