

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9669**

FILED MAR 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4233</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arcadia</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arcadia</u>		0470	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Ursuline Convent, Arcadia, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Ursuline Convent</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MOTHER</u> b. (Middle) <u>PAULA</u> c. (Last) <u>HARBISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 11 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 17, 1859</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher and nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Harbison</u>		13b. MOTHER'S MAIDEN NAME <u>Mary L. Hoover</u>		14. NAME OF HUSBAND OR WIFE <u>Does not apply</u>			
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 <u>Mother, Carmelita Masley, 821</u> ADDRESS <u>Arcadia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of nose and throat</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>148 X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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>Jan 19, 1953</u> to <u>March 11, 1953</u> , that I last saw the deceased alive on <u>Mar 11, 1953</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. H. McLaughlin, M.D.</u>				23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>Mar 13, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Convent Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Arcadia Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-28-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Lois Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton Mo.</u> ADDRESS _____			

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

0470  
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(Licensed Embalmer's Statement on Reverse Side) Amel White

**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 Ascel J. White

Licensed Embalmer No. 2012

P. O. Address Imperial, Va.

**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.