

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11056

State File No.

FILED MAR 25 1953

BIRTH NO. 7220 REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 361

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan.</u> <u>0910</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 Marvlin Street.</u>		d. STREET ADDRESS (If rural, give location) <u>104 Marvlin Street.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlotte</u> b. (Middle) <u>Marie.</u> c. (Last) <u>Harness.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 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>Feb. 13, 1953.</u>
9. AGE (In years last birthday) <u>1</u> <u>3</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leroy Harness.</u>		13b. MOTHER'S MAIDEN NAME <u>Caroletta Moore.</u>	
14. NAME OF HUSBAND OR WIFE <u>None.</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 <u>Leroy Harness, Doniphan, Mo.</u> ADDRESS	
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>Pneumonia.</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hours.</u> 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 <u>493X</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)		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>March 15, 1953</u> , to <u>March 16, 1953</u> , that I last saw the deceased alive on <u>March 15, 1953</u> , and that death occurred at <u>2:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or Title) <u>Frank Johnson, M.D.</u>		23b. ADDRESS <u>Doniphan, Mo.</u>	
23c. DATE SIGNED <u>3/17/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>March 18, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>3-18-53</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Measel, Doniphan, Mo.</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ray Mearns

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.