

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11654**
Registrar's No. **2502**

FILED MAR 24 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Tennessee b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Brownsville, 8410	
c. LENGTH OF STAY (In this place) 1 year		d. STREET ADDRESS (If rural, give location) 405 Margin Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1148 Aubert Street			
3. NAME OF DECEASED (Type or Print) a. (First) Callie b. (Middle) c. (Last) Harbert			4. DATE OF DEATH (Month) (Day) (Year) March 4, 1953
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH March 29, 1891
9. AGE (In years last birthday) 61		10. MONTHS 11	11. DAYS 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Brownsville, Tennessee
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Edmonia (Unavailable)		14. NAME OF HUSBAND OR WIFE John R. Harbert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Haywood Harbert, 1148 Aubert
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES DUE TO (b) Influenza 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 <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., to 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? 480x			
22. I hereby certify that I attended the deceased from Jan-29, 1953 , to Mar 4th, 1953 , that I last saw the deceased alive on Mar-29th , and that death occurred at 7 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE H. H. Gyles M.D. (Degree or title)		23b. ADDRESS 200 47th Main St. Nashville, Mo.	
23c. DATE SIGNED Mar. 6-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3/7/53		24c. NAME OF CEMETERY OR CREMATORY Brownsville, Tennessee	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Ave.	
DATE REC'D BY LOCAL REG. MAR 6 1953		REGISTRAR'S SIGNATURE Charles J. Gates	

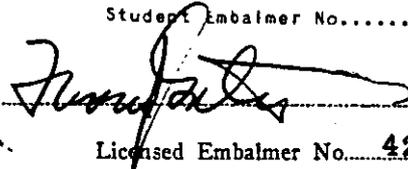
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....


Signed.....
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.