

FILED JUL 14 1953

STANDARD CERTIFICATE OF DEATH

State File No. **23612**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6151** Registrar's No. **35**

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

1. PLACE OF DEATH a. COUNTY <b>Stoddard County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Elk. Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Elk. (Rural)</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>10300</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <b>Martha</b>		b. (Middle)		c. (Last) <b>Harris</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 19, 1953</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>Col.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Unknown</b>	
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Hwy</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Liberty, Miss</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	
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13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lee Johnson, Catron Mo. Rk. 1</b>			
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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) <b>Cardiac Decompensation</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Paralysis</b>					
		DUE TO (c) <b>Cerebral Hemorrhage</b>					
		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"/>	
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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) <b>331X</b>	
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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?	
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22. I hereby certify that I attended the deceased from **7-10**, 19**51**, to **June 19, 1953**, that I last saw the deceased alive on **April 18, 1953**, and that death occurred at **6:52 a.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Geo. W. Husted, M.D.</b>		23b. ADDRESS <b>Parma Mo.</b>		23c. DATE SIGNED <b>6/19/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-21-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Simons Park Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Catron, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>7-6-53</b>		REGISTRAR'S SIGNATURE <b>Velva A. Jensen</b>		4071-2		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bonder Funeral Home - Lilbourn, Mo.</b>	
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(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 Homer L. Ponder

Licensed Embalmer No. 5367

P. O. Address Willow, Md.

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.