

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23845**

BIRTH NO. **FILED III 28 1953** REG. DIST. NO. **14** PRIMARY REG. DIST. NO. **5066** Registrar's No. **251**

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural, Southwest</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Southwest</b> <b>0060</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>C.</b> c. (Last) <b>Harry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 20, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 15, 1865</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR: Months <b>5</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Jasper County, Mo.</b>	
13a. FATHER'S NAME <b>David Harry</b>			13b. MOTHER'S MAIDEN NAME <b>Delilah Secrest</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Harry</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ernest Harry R.4. Pittsburg Kansas</b>	

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) <b>Bright's disease</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>Senility</b> DUE TO (c) <b>0</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>0</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>0 0 0</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>No injury</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>0</b>	

22. I hereby certify that I attended the deceased from **7/18**, 19**53**, to **7/18**, 19**53**, that I last saw the deceased alive on **7/18**, 19**53**, and that death occurred at **7:20** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. G. Eddleman M.D.</b>		23b. ADDRESS <b>Liberal, Mo</b>		23c. DATE SIGNED <b>7/22/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 23, 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Medoc</b>	
24d. LOCATION (City, town, or county) (State) <b>Jasper County Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Ellsworth</b>		ADDRESS <b>Pittsburg, Kansas.</b>	

DATE REC'D BY LOCAL REG. **July 22 1953** REGISTRAR'S SIGNATURE **Charlotte McDowell** 420-0  
(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.....



Licensed Embalmer No. 1272

P. O. Address Pittsburgh Pa

**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.