

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32142

FILED SEP 29 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 436

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE FLORIDA b. COUNTY PINNELLA	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LARGO	8:09 P
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 614 WOODROW AVENUE 8	

3. NAME OF DECEASED (Type or Print)	a. (First) MARSHALL	b. (Middle) LEE	c. (Last) HARSHBARGER	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 24 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 20, 1904	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) BINGO CONCESSION	10b. KIND OF BUSINESS OR INDUSTRY CARNIVAL	11. BIRTHPLACE (State or foreign country) HUNTINGTON, WEST VIRGINIA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME GEORGE EDWARD HARSHBARGER	13b. MOTHER'S MAIDEN NAME BERTHA HIGGINBOTHAM	14. NAME OF HUSBAND OR WIFE LAURA HARSHBARGER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME LAURA HARSHBARGER ADDRESS LARGO, FLORIDA
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>		<u>15 sec</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Coronary Occlusion</u>		<u>5 hrs</u> <u>5 hrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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 9-24-1953, to 9-24-1953, that I last saw the deceased alive on 9-24-1953, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title?) <u>R. K. Saylor M.D.</u>	23b. ADDRESS <u>725 Frisco Bldg</u>	23c. DATE SIGNED <u>9/25/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9-24-53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) HUNTINGTON, W. VA.
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DATE REC'D BY LOCAL REG. 9-25-53	REGISTRAR'S SIGNATURE <u>Ed S. Garner</u>	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY ADDRESS JOPLIN, MO.
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SEP 28 1953

RECEIVED

Jasper County Health Office

County File Number 53-9-790

Date Filed SEP 28 1953

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.....

Jack Parker

Licensed Embalmer No. 4938

Signed.....
Student Embalmer

P. O. Address *Jasper*

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.