

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43391**

FILED DEC 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>261</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (In this place) <u>66 yrs</u>		c. CITY OR TOWN <u>Carthage</u>		d. Is Residence within limits of a city, incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 Bois d'Arc St.</u>				e. STREET ADDRESS (If rural, give location) <u>112 Bois d'Arc St.</u> <u>0493</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARTER</u> b. (Middle) <u>NELSON</u> c. (Last) <u>"DOC" HARBIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 18, 1953</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>August 5, 1887</u>	
9. AGE (In years last birthday) <u>66</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>transfer & hauling</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Harbin Trfr Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Harbin</u>		13b. MOTHER'S MAIDEN NAME <u>Violet Ann Cornelius</u>		14. NAME OF HUSBAND OR WIFE <u>Kathryn T. Harbin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-09-4396</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Guy Harbin, 726 E. 7th, Carthage, Mo</u>			
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>Carcinoma, left lung</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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
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)		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>1-23</u> , 19 <u>53</u> , to <u>12-18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-17</u> , 19 <u>53</u> , and that death occurred at <u>10:00 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. Foster Whitten M.D.</u>				23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>12-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Dec 20, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bentonville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bentonville, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>Dec-19-53</u>		REGISTRAR'S SIGNATURE <u>Lloyd B. Clinton M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary Carthage, Mo</u>			

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

0493

RECEIVED DEC 24 1953

Isoper County Health Office

County File Number 53-12-1035

Date Filed DEC 24 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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.