

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

State File No. **1101**
Registrar's No. **306**

BIRTH NO. FILED **FEB 15 1954** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <i>Henry</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Windsor</i>		c. LENGTH OF STAY (in this place) <i>72 years</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Windsor 0420</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>302 S. Commercial</i>		d. STREET ADDRESS (If rural, give location) <i>302 S. Commercial</i>			
3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <i>EDWARD</i>			b. (Middle) <i>HARBIT</i>		
c. (Last) <i>HARBIT</i>			d. (Month) (Day) (Year) <i>Feb. 6 1954</i>		
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>married</i>	
8. DATE OF BIRTH <i>May 27, 1869</i>		9. AGE (in years last birthday) <i>84</i>		IF UNDER 1 YEAR: Months Days	
IF UNDER 1 YEAR: Hours Mins.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter-Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <i>Blue Licks, Kentucky</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13a. FATHER'S NAME <i>John A. Harbit</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Bowen</i>		14. NAME OF HUSBAND OR WIFE <i>Eva McDonald Harbit</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Edward Harbit</i>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i>			<i>1 year</i>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.			
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)	
				<i>4222</i>	
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 <i>1-2</i>, 1954, to <i>2-6</i>, 1954, that I last saw the deceased alive on <i>2-6</i>, 1954, and that death occurred at <i>7:00 P.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Ray B Jordan</i>		23b. ADDRESS <i>Windsor Mo</i>		23c. DATE SIGNED <i>2-6 54</i>	
24a. BURIAL CREMATION REMOVAL <i>Burial</i>		24b. DATE <i>2-8-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak</i>	
				24d. LOCATION (City, town, or county) (State) <i>Windsor Missouri</i>	
DATE REC'D BY LOCAL REG. <i>Feb-13-54</i>		REGISTRAR'S SIGNATURE <i>Florence Adair</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Turner</i>	
				ADDRESS <i>Windsor Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, Mo.

-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.