

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4192**

No. 300  
10. 48

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

**FILED FEB 23 1954** REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5171** Registrar's No. **46**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Callaway</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Callaway</b>	
b. CITY OR TOWN <b>Rural - Stewart</b> c. LENGTH OF STAY (in this place) <b>38 yr</b>		c. CITY OR TOWN <b>R#6 Fulton MO</b> d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>County Infirmary</b>		e. STREET ADDRESS (If rural, give location) <b>R#6 Fulton MO</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Judson</b> b. (Middle) <b>Harkins</b> c. (Last) <b>Harkins</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>2 14 1954</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>about 78</b>
<b>9. AGE</b> (In years last birthday) <b>78</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>none</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>about Cedar City, Mo., U.S.A.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>none</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Don't know</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Don't know</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>none</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>John Walter Metz</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Heart attack</b>  <b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>Arteriosclerosis</b>  <b>DUE TO (c)</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4500</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21a. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21c. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	
<b>21e. HOW DID INJURY OCCUR?</b>		<b>22. I hereby certify that I attended the deceased from</b> <b>for 36 years</b> , 19___, <b>that I last saw the deceased alive on</b> <b>Feb 10, 1954</b> , <b>and that death occurred at</b> <b>5 a. m.</b> , <b>from the causes and on the date stated above.</b>	
<b>23a. SIGNATURE</b> (Degree or title) <b>W. Payne MD</b>		<b>23b. ADDRESS</b> <b>R#6 Fulton MO</b>	
<b>23c. DATE SIGNED</b> <b>2-15-54</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	
<b>24b. DATE</b> <b>2-15-54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>County Infirmary</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>R#6 Fulton MO</b>		<b>24e. DATE REC'D BY LOCAL REG.</b> <b>Feb 15-1954</b>	
<b>REGISTRAR'S SIGNATURE</b> <b>Maretha Lawrence</b>		<b>426-215. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Walter Metz</b>	
<b>ADDRESS</b> <b>R#6 Fulton</b>		<b>ADDRESS</b> <b>R#6 Fulton</b>	

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**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.....

Licensed Embalmer No.....

P. O. Address .....

**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.**