

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7482

BIRTH NO. MAR 12 1954 REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 6112A Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fornfelt		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fornfelt	
c. LENGTH OF STAY (In this place) 3 months		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home		d. STREET ADDRESS --	
3. NAME OF DECEASED a. (First) ELMER		b. (Middle) E.	
c. (Last) HARNER		4. DATE OF DEATH (Month) Mar (Day) 2 (Year) 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan., 18, 1887
9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Kokomo, Indiana
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Harner		13b. MOTHER'S MAIDEN NAME Elizabeth Norris	
14. NAME OF HUSBAND OR WIFE Mary Coleman Harner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	
16. SOCIAL SECURITY NO. 490-12-7371		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Harner	
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.		ADDRESS Fornfelt, Mo	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 days	
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"/>		4201	
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) m.		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 2/27, 1954, to 3/2, 1954, that I last saw the deceased alive on 3/27, 1954, and that death occurred at 4:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE John Crowl (Degree or title)		23b. ADDRESS M. D. 222 N. Middle Cape Girardeau, Mo. 3-4:54	
23c. DATE SIGNED			
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MAR 5, 1954	
24c. NAME OF CEMETERY OR CREMATORY Lightner Memorial		24d. LOCATION (City, town, or county) (State) Illmo. Missouri	
DATE REC'D BY LOCAL REG. 3/6/54		REGISTRAR'S SIGNATURE G. P. Dorris, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bisplinghoff Funeral Home		Illmo., Mo.	

DATE RECEIVED MAR 8 1954

SCOTT CO. HEALTH DEPT.

FILE No. 354-61

MAR 17 1954

APR 21 1954

MAR 24 1954

MAR 12 1954

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

Oliver Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.