

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 131

1. PLACE OF DEATH  
a. COUNTY Jasper  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage  
c. LENGTH OF STAY (In this place) 36 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Jasper  
c. CITY OR TOWN Carthage  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 1014 Case 0493

3. NAME OF DECEASED (Type or Print)  
a. (First) WILLIAM b. (Middle) ALBERT c. (Last) HARNED  
4. DATE OF DEATH (Month) (Day) (Year) June 30, 1954

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed  
8. DATE OF BIRTH Jan 18, 1873 9. AGE (In years last birthday) 81  UNDER 1 YEAR Months  UNDER 1 HR. Hours  Min.  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer  
10b. KIND OF BUSINESS OR INDUSTRY farm  
11. BIRTHPLACE (City and State or Foreign Country) Scotland County, Mo.  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Mary L. Harned

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  
16. SOCIAL SECURITY NO. none  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dan Curry, 1045 Valley, Carthage

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral apoplexy  
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 25 June '54 19b. MAJOR FINDINGS OF OPERATION bilateral inguinal hernia 20. AUTOPSY? YES  NO

21a. 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) Carthage Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 23 June, 1954, to 30 June, 1954, that I last saw the deceased alive on 30 June, 1954, and that death occurred at 6:45p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howar E. Byrd M.D. 23b. ADDRESS Carthage Mo. 23c. DATE SIGNED 1 July '54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE July 3, 1954 24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery 24d. LOCATION (City, town, or county) (State) Jasper County, Missouri

DATE REC'D BY LOCAL REG. 7-2-53 REGISTRAR'S SIGNATURE Margaret Carter 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo

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

RECEIVED *UI* 1354  
Jasper County Health Office.

County File Number *528*

Date Filed *UI* 1354

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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 *O. W. ISBELL*, Student Embalmer No. *500* working under my personal supervision..

Student *O. L. Isbell*  
Signature of Student Embalmer

Signed *Frank W. Kneel*

Licensed Embalmer No. *4440*

P. O. Address *Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.