No. 300
10-48

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

FILED AUG 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26151

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 235

010 3

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highway #6 West of Kirksville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): about 2 Miles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Adair
c. CITY OR TOWN: Novinger
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Novinger 0-0-0

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Henry
c. (Last): Harmon

4. DATE OF DEATH (Month) (Day) (Year): Aug. 20, 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 1, 1931
9. AGE (In years last birthday): 22 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not working
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (City and State or Foreign Country): Putnam County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Kalaski Harmon
13b. MOTHER'S MAIDEN NAME: Myrtle Keller
14. NAME OF HUSBAND OR WIFE: x
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. II
16. SOCIAL SECURITY NO.: 329-26-4433
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Myrtle Harmon, Novinger, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) E8184 30

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Internal injuries, crushed Chest - Multiple Contusions.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2 mile W Kirksville Hwy #6
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Benton Township Adair Co Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 20 1954 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Car hit horse on highway #6 & wrecked

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:55 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert B. Davis Coroner
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 8-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/23/54
24c. NAME OF CEMETERY OR CREMATORY: Lipp Cemetery
24d. LOCATION (City, town, or county) (State): Putnam County, Mo.

DATE REC'D BY LOCAL REG.: 8-23-54
REGISTRAR'S SIGNATURE: Nate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 27

AUG 26

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Kenneth E. Hayes

Licensed Embalmer No 48.9

P. O. Address Kirkwood, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.