

No. 300
10.48

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30154**

BIRTH NO. _____ REG. DIST. NO. **86** PRIMARY REG. DIST. NO. **4152** Registrar's No. **4-1954**

1. PLACE OF DEATH a. COUNTY Crawford Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY OR TOWN Leasburg		c. CITY OR TOWN Rural Walton Twp	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location) Shirley 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Ray b. (Middle) Queen c. (Last) Harmon			4. DATE OF DEATH (Month) (Day) (Year) Sept 28 1954		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH April 21, 1894		9. AGE (in years last birthday) 60		10. IF UNDER 1 YEAR: Months 5 Days 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Crawford Co. Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Vene Harmon		13b. MOTHER'S MAIDEN NAME Less Hicks		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Darl Harmon Leasburg Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLE SCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH 8 months	
*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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **9-21**, 1954, to **9-27**, 1954, that I last saw the deceased alive on **9-27**, 1954, and that death occurred at **7:15A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard Thibault MD		23b. ADDRESS Boston, Mo.		23c. DATE SIGNED 9-28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-30-54		24c. NAME OF CEMETERY OR CREMATORY Fair View Cemetery	
				24d. LOCATION (City, town, or county) (State) Crawford Co Mo	

DATE REC'D BY LOCAL REG. 9/28/54		REGISTRAR'S SIGNATURE W. C. Davis Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Luther Spark Peters Mo.	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0280

OCT 8 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 Murphy Sparks
Licensed Embalmer No. 4236
P. O. Address Flat River, 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.