

Monday June 14, 1955
FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3688

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6222 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> c. CITY OR TOWN <u>near Moundville</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. CITY OR TOWN <u>Rural - (Moundville)</u> c. LENGTH OF STAY (in this place) <u>59</u>		c. CITY OR TOWN <u>near Moundville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Rural</u>		STREET ADDRESS (If rural, give location) <u>Rural Moundville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward M. Heideth</u> b. (Middle) _____ c. (Last) <u>Harkerader</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 - 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 28 - 1895</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Days <u>3</u> IF UNDER 2 HRS. Hours <u>20</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Moundville Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>James Harkerader</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Pointer</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Harkerader Mo.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith Davis Harkerader</u> ADDRESS <u>Moundville Mo.</u>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u>		
	DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4201</u>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada - Vernon - Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 1-17, 1955, to 1-18, 1955, that I last saw the deceased alive on 1-17, 1955, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Kovz M.D.</u>	23b. ADDRESS <u>Nevada Mo.</u>	23c. DATE SIGNED <u>1-21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery - Nevada Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 26 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs Ruth Faith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred H. Hays</u> ADDRESS <u>Nevada Mo.</u>
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revised
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.. *embalmed*

Student.....
Signature of Student Embalmer

Signed *H. H. Marmaduke*.....
Licensed Embalmer No. *207*

P. O. Address *Woods*.....

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.