

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 21 1955

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath Dunklin</u>		c. LENGTH OF STAY (In this place) <u>89 years</u>		c. CITY OR TOWN <u>Senath</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Dunklin Memorial</u>				e. STREET ADDRESS (If rural, give location) <u>St - 1 - 0352</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WELLS</u> b. (Middle) <u>RUDOLPH</u> c. (Last) <u>HARKES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>2/2/1865</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Medist Mo. Near Senath</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>J.M. Harkes</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Ladin</u>		14. NAME OF HUSBAND OR WIFE <u>D.W. Harkes</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>D.W. Harkes</u>		ADDRESS <u>Kennett, MO</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
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) 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 <u>Oct. 24</u> , 19 <u>54</u> , to <u>Feb. 6</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb. 6</u> , 19 <u>55</u> , and that death occurred at <u>1:50 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Quinton Jarver, M.D.</u> (Degree or title)				23b. ADDRESS <u>Dunklin County Kennett, Missouri</u>		23c. DATE SIGNED <u>2/10/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/8/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cude Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Senath, MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>9071</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest O. Janeshaw</u>		ADDRESS <u>Kennett, MO</u>			

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-18-55
COUNTY FILE NUMBER 2-55-4

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.....
Signature of Student Embalmer

Signed *W T Emerick*

Licensed Embalmer No. 352

P. O. Address *Jonesboro*

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.