

FILED JUL 13 1955

STANDARD CERTIFICATE OF DEATH

18472

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 556 Registrar's No. 101

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

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural, Kaolin		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Kaolin	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) Iron Co. Rd. # A	
d. FULL NAME OF HOSPITAL OR INSTITUTION Iron Co. Rd. # A		d. STREET ADDRESS (If rural, give location) Iron Co. Rd. # A	

3. NAME OF DECEASED (Type or Print) OSWALD EMORY HARBISON			4. DATE OF DEATH (Month) (Day) (Year) July 7 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 14 1885	9. AGE (In years last birthday) 69	10. MONTHS 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 (State or foreign country) Iron Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Jefferson Harbison	13b. MOTHER'S MAIDEN NAME Lucinda Stacey Bell	14. NAME OF HUSBAND OR WIFE Minnie Cox Harbison
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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. no	17. INFORMANT'S SIGNATURE OR NAME Ernest Harbison, Goodland Missouri	ADDRESS
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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) Circulatory failure		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	ANTECEDENT CAUSES DUE TO (b) Cardiac failure		
	DUE TO (c) Bronchial asthma		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			3 days
			50 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 241X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 19 to July 7, 1955, that I last saw the deceased alive on July 7, 1955, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. A. Mendigate D. O.	23b. ADDRESS Bismarck, Mo	23c. DATE SIGNED 7-8-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-9-55	24c. NAME OF CEMETERY OR CREMATORY Harbison Cemetery
		24d. LOCATION (City, town, or county) (State) Banner Missouri

DATE REC'D BY LOCAL REG. July 12 - 1955	REGISTRAR'S SIGNATURE Mrs Elizabeth Logan	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Iron ton Mo.	ADDRESS
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Arnel S. White

AUG 3 1955

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 Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Isleton Suisun

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.