

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 - 1955

State File No. **19284**

BIRTH NO. _____ REG. DIST. NO. **171** PRIMARY REG. DIST. NO. **4267** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa	
c. LENGTH OF STAY (in this place) 50		d. STREET ADDRESS (If rural, give location) 506 South Third St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 506 South Third St.		d. STREET ADDRESS (If rural, give location) 506 South Third St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Thomas	b. (Middle) Walton		c. (Last) Harden	June	26 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 3, 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician		10b. KIND OF BUSINESS OR INDUSTRY electrical		11. BIRTHPLACE (State or foreign country) Waverly, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Burton Harden	13b. MOTHER'S MAIDEN NAME Effie Summers	14. NAME OF HUSBAND OR WIFE Cleo S. Harden, wife
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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. 497-36-6031A	17. INFORMANT'S SIGNATURE OR NAME Cleo S. Harden	ADDRESS Odessa, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage	II. OTHER SIGNIFICANT CONDITIONS		1 1/2 h
*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		8 yrs
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Essential Hypertension		
	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"/>
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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) 331 X (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Jan 7, 1955**, to **June 26, 1955**, that I last saw the deceased alive on **June 8, 1955**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. F. Slaughter (Degree or title)	23b. ADDRESS Odessa, Mo.	23c. DATE SIGNED June 27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-29-55	24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery	24d. LOCATION (City, town, or county) (State) near Odessa, Missouri
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DATE REC'D BY LOCAL REG. 6-27-55	REGISTRAR'S SIGNATURE Emma Davidson	25. FUNERAL DIRECTOR'S SIGNATURE Ralph O. Jones	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Ralph Jones

Licensed Embalmer No. 4604

P. O. Address Odessa, 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.