

No. 300  
 10-48  
 81  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STANDARD CERTIFICATE OF DEATH**

State File No. **20873**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **97**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Vernon</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural NEVADA</b>		c. CITY OR TOWN <b>Moundsville</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>60 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>RFD # 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural City Hosp.</b>			
<b>3. NAME OF DECEASED</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
a. (First) <b>Darlin</b>		b. (Middle) <b>Katherine</b> c. (Last) <b>Harvatic</b>	
(Type or Print)		<b>6-23-1955</b>	
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>Wht</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 8 - 1874</b>
<b>9a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>9b. KIND OF BUSINESS OR INDUSTRY</b>	<b>9. AGE</b> (In years last birthday) <b>81</b>	<b>10. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Maysville Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	

<b>13a. FATHER'S NAME</b> <b>Phillip Baker</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lucinda Baker</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>J.J. Harvatic - Deceased</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>no</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Leland Harvatic</b>	
		<b>ADDRESS</b> <b>Moundsville Mo.</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10 DAYS</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Hemorrhage</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertensive C.V.R. Disease</b> <b>4 yrs.</b> DUE TO (c) <b>442X</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Apr 19, 1954 to June 23, 1955, that I last saw the deceased alive on June 23, 1955, and that death occurred at 400 Bldg. from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Dr. Allen</b>	<b>23b. ADDRESS</b> <b>Nevada, Mo</b>	<b>23c. DATE SIGNED</b> <b>6-25-55</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>6-25-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Newton Cemetery</b>
		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Roads Mo</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>6-27-55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Anna E. Ferris</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Hays Funeral Service</b>	<b>ADDRESS</b> <b>Moundsville Mo</b>
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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 *A. H. Marmaduke*.....

Licensed Embalmer No. *2074*.....

P. O. Address *Woods, Pa.*.....

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.