

41469

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 19 1955

BIRTH NO. .... REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (in this place) 10 days	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		e. STREET ADDRESS (If rural, give location) 521 South Buchanan 0140	
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First) O.	b. (Middle) HARMAN
c. (Last) HARMAN		4. DATE OF DEATH (Month) 12 (Day) 9 (Year) 55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/4/92
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier	11. BIRTHPLACE (City and State or Foreign Country) Barnard, Missouri
10b. KIND OF BUSINESS OR INDUSTRY U. S. Gov't		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W. Harman		13b. MOTHER'S MAIDEN NAME Julia Taylor	14. NAME OF HUSBAND OR WIFE Grace DeFreece Harman
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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. O. Harman, Maryville, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis INTERVAL BETWEEN ONSET AND DEATH 19 Months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of Cecum DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Resection of Cecum April 1954 - Adenocarcinoma	
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)		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 Feb 28, 1955 to Dec. 9, 1955, that I last saw the deceased alive on Dec. 9, 1955, and that death occurred at 10 P. m., from the causes and on the date stated above.			
23a. SIGNATURE W. K. Jackson (Degree or title) M. D.		23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 12/12/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/12/55	24c. NAME OF CEMETERY OR CREMATORY St. Mary's
24d. LOCATION (City, town, or county) (State) Maryville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	
DATE REC'D BY LOCAL REG. 12-17-55		REGISTRAR'S SIGNATURE Beas Holt	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

9981 7 2 17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clara M. Price*.....

Licensed Embalmer No. *182*

P. O. Address *Maryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.