

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9590

State File No.

FILED MAR 19 1956

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5621 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>KNOX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>	
b. CITY OR TOWN <u>RURAL LYON TWP</u>	c. LENGTH OF STAY (in this place) <u>1 1/2 YRS</u>	c. CITY OR TOWN <u>HURDLAND</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>1 1/2 MILES WEST HURDLAND</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MOSE</u>	b. (Middle) <u>WESLEY</u>	c. (Last) <u>HARTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 12 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 29 1877</u>	9. AGE (In years last birthday) <u>78</u>	If UNDER 1 YEAR: Months _____ Days _____	If UNDER 4 HRS. _____ Min. _____
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10. USUAL OCCUPATION (Give kind of work including nature of working life, even if retired) <u>RESTAURANT OWNER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DESELM ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOSEPH HARTER</u>	13b. MOTHER'S MAIDEN NAME <u>ISABELLE SCHREFFLER</u>	14. NAME OF HUSBAND OR WIFE <u>MARCIA ROBSON</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>KENNETH LARY - HURDLAND MO</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 MINS.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 11-4, 1955, to 11-9, 1956, that I last saw the deceased alive on 11-9, 1955, and that death occurred at 4:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Kirkville, Mo.</u>	23c. DATE SIGNED <u>3-13-56</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/13/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK WOOD</u>	24d. LOCATION (City, town, or county) (State) <u>WILMINGTON ILH.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 13 1956</u>	REGISTRAR'S SIGNATURE <u>Nelle A. Hinolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo Wesley, Hurdland Mo</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

151 0

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.....
L. B. Emery Jr

Licensed Embalmer No. *3758*

P. O. Address *Hurdland*

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.