

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25695**  
Registrar's No. **76**

FILED AUG 6 - 1956

REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **4482**

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) - a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Memphis</b>		c. LENGTH OF STAY (in this place) <b>30 yrs.</b>	c. CITY OR TOWN <b>Memphis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>James E.</b> b. (Middle) <b>Harbur</b> c. (Last) <b>Harbur</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1956</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>12-21-1878</b>
9. AGE (in years last birthday) <b>77</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant, retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>garage</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Scotland Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>	
13a. FATHER'S NAME <b>G. Marion Harbur</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Ann Bryant</b>	
14. NAME OF HUSBAND OR WIFE <b>Lelia Hough Harbur</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Vera Harbur Randolph</b> ADDRESS <b>3145 12th St. Memphis, Tenn.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>	
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 <b>5-30-1956</b> , to <b>7-24-1956</b> , that I last saw the deceased alive on <b>7-27-1956</b> , and that death occurred at <b>7 A.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>H. M. Keethler D.O.</b> (Degree or title)		23b. ADDRESS <b>Memphis Mo.</b>	
23c. DATE SIGNED <b>7-30-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>7-31-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memphis</b>	
24d. LOCATION (City, town, or county) (State) <b>Memphis Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. L. Taylor Sons</b> ADDRESS <b>Memphis, Tenn.</b>	
DATE REC'D BY LOCAL REG. <b>8/2/56</b>		REGISTRAR'S SIGNATURE <b>Vera G. Purmer</b>	

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

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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 *Neal Payne*.....

Licensed Embalmer No. *2550*

P. O. Address *Memphis, TN*

**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.