FILED MAR 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4100

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chas. E. Still Hosp — Length of stay in Hospital: 2hr 5min

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Camden
c. CITY OR TOWN Osage Beach 0150 0 — Inside Limits Yes ☐ No ✓
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First William — Middle — Last Harbitts

4. DATE OF DEATH: Month March Day 8 Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH: Sept. 18, 1888

9. AGE (In years last birthday): 68

IF UNDER 1 YEAR: Months 5 Days 20 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (City and state or country): Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harbitts Harbitts

14. MOTHER'S MAIDEN NAME: Rebecca Boyden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: x Barbara Harbitts — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolism
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombophlebitis R. leg -
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
463 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/8/57, to 3/8/57 and last saw him alive on 3/8/57
Death occurred at 7:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. C. Michael MD (Degree or title)

22b. ADDRESS: Jefferson City, Mo

22c. DATE SIGNED: 3/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Mar 9-1957

23c. NAME OF CEMETERY OR CREMATORY: Pine Lie Cemetery

23d. LOCATION (City, town, or county) (State): Des Moines Iowa

24. FUNERAL DIRECTOR ADDRESS: Bankson Wooley Funeral Home Camdenton Mo.

25. DATE RECD. BY LOCAL REG.: 9 March 1957

26. REGISTRAR'S SIGNATURE: R. L. Dorris, MD-MR

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 19 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Robert H. Reed.....

Licensed Embalmer No. 374

P. O. Address Camden

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