

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16072

State File No.

FILED JUN 11 1957

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 501 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Watson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Watson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>-</u>	c. (Last) <u>Harmon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-31-1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-25-1891</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Holt County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>John Bemberger</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Carroll</u>	14. NAME OF HUSBAND OR WIFE <u>Cole Harmon</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Harmon</u>	ADDRESS <u>Watson.</u>
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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>4 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the sigmoid colon</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. <u>159.x</u>		

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) (Min.) _____	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 July, 1954, to 5-31-, 1957, that I last saw the deceased alive on 5-31-, 1957, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wallace Carpenter</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Rock Port Mo</u>	23c. DATE SIGNED <u>6-1-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-3-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Creek Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Watson, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 5, 1957</u>	REGISTRAR'S SIGNATURE <u>Therese H. Schaefer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bartholomew Mortuary, Rock Port.</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

443
8

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
Student Embalmer

Signed: *Gray Barchalou* _____

Licensed Embalmer No. 3173 _____

P. O. Address Rock Port, Mo. _____

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 this body is not embalmed, fact should be so stated above.