FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021539 STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 277

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL — Length of stay in 1b 40 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 049 S 1222 MCKINLEY — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MYRTLE Middle LENORA Last HARMAN
4. DATE OF DEATH Month JUNE Day 4 Year 1957
5. SEX F
6. COLOR OR RACE W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH NOV. 29, 1885
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BOOKKEEPER
10b. KIND OF BUSINESS OR INDUSTRY JUNGE BAKING CO.
11. BIRTHPLACE (City and state or country) MARYS COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME LOREN D. WARTHEN
13b. MOTHER'S MAIDEN NAME SARAH WINZEL
14. NAME OF HUSBAND OR WIFE RAY E. HARMAN, DECD 1936
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 MRS. BESSIE DEPRIEST Address 1902 N. PARK AVE

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) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Heart Disease — 4 Hrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES [X] 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 3-17-57, to 6-4-57 and last saw her alive on 6-4-57
Death occurred at 6-4-57 3:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alice H. Wilson (Degree or title) M.D.
22b. ADDRESS 1923 Sergeant, Joplin, Mo
22c. DATE SIGNED 6-6-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6-8-57
23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,
23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY ADDRESS JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 6-12-57
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

County File Number 31-6-302

Date Filed JUN 17 1957

JUN 27 1957

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 ..... Signed F. M. Jones .....

Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Japlin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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