

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25074

State File No. ....

FILED AUG 9 1957

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <u>157</u>  |  | PRIMARY REG. DIST. NO. <u>3028</u>  |  | Registrar's No. <u>164</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jasper</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Carthage</u>   |  | c. LENGTH OF STAY (in this place)<br><u>69 yrs</u>   |  | c. CITY OR TOWN <u>Carthage</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks hospital</u>   |  |  |  | e. STREET ADDRESS (If rural, give location)<br><u>726 E. Seventh St. 0493</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>GUY</u><br>b. (Middle) <u>SHERMAN</u><br>c. (Last) <u>HARBIN</u>  |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Aug 2, 1957</u> |   |  |  |  |
| 5. SEX <u>male</u>  |  | 6. COLOR OR RACE <u>Negro</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u>  |  | 8. DATE OF BIRTH<br><u>June 3, 1888</u>  |  |
| 9. AGE (in years last birthday) <u>69</u>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage, Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>retired janitor</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  |   |  |  |  |
| 13a. FATHER'S NAME<br><u>Henry Harbin</u>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Violet Ann Cornelius</u>       |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Alice Carr Harbin</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |  | 16. SOCIAL SECURITY NO.<br><u>500-09-3703</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS, MO<br><u>Mrs. Guy Harbin, 726 E 7th, Carthage,</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                 |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Diabetic Gangrene</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>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? <input checked="" type="checkbox"/><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>              |  |
| 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)<br><u>260x</u>  |  |  |  |
| 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?  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>19 July, 1957</u> , to <u>2 Aug., 1957</u> , that I last saw the deceased alive on <u>2 Aug., 1957</u> , and that death occurred at <u>9:25 a. m.</u> , from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>H. E. Boyd, M.D.</u>   |  |  | 23b. ADDRESS<br><u>602 Main, Carthage, Mo</u>                  |   |  | 23c. DATE SIGNED<br><u>8-2-57</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>  |  | 24b. DATE<br><u>8-6-57</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Cedar Hill Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Carthage, Missouri</u>   |  |
| DATE REC'D BY LOCAL REG.<br><u>Aug 3, 1957</u>  |  | REGISTRAR'S SIGNATURE<br><u>Emmie Stewart, Deputy</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Knell Mortuary Carthage, Mo.</u>   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

39

County File No. A 118-611  
Date Filed 8-19-57

AUG 21 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.....  
Signature of Student Embalmer

Signed..... *D. L. Isbell*

Licensed Embalmer No. 49720

P. O. Address Carthage

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.