V.S. No. 300
Rev. 10.48

FILED OCT 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36975

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 241

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (In this place): 1½ days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cockrell Township 210
d. STREET ADDRESS (If rural, give location): On 129, 8 mi. N. of Salisbury

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): Cecil
c. (Last): Harmon

4. DATE OF DEATH (Month) (Day) (Year): Oct. 12, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 16, 1900
9. AGE (In years last birthday): 57 | 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): Farmer & Sawmill
10b. KIND OF BUSINESS OR INDUSTRY: Native lumber
11. BIRTHPLACE (City and State or Foreign Country): Chariton County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frederick Fuller Harmon
13b. MOTHER'S MAIDEN NAME: Elizabeth Scott
14. NAME OF HUSBAND OR WIFE: Pearl Minks Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: 494-40-7097
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Cecil Harmon, Salisbury, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure — Interval between onset and death: 2 days
ANTECEDENT CAUSES — Shock — 2 days
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Traumatic Injury — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 9123

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 11
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Oct. 11, 57
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): saw Mill
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Salisbury, Missouri Chariton 021 Co.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10,11,57 7:00 a
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Saw Mill accident

22. I hereby certify that I attended the deceased from 10-11-57, 19___, to 10-12, 1957, that I last saw the deceased alive on 10-12-57 19___, and that death occurred at 6:47 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): A. Morl Rains, D.O.
23b. ADDRESS: Moberly, Missouri
23c. DATE SIGNED: 11-14-57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10/15/57
24c. NAME OF CEMETERY OR CREMATORY: Fitzgerald Cemetery
24d. LOCATION (City, town, or county) (State): Chariton County, Mo.

DATE REC'D BY LOCAL REG.: 10/15/57
REGISTRAR'S SIGNATURE: Leah W Lowe
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Chas B Winkelmeyer Salisbury Mo

(Licensed Embalmer's Statement on Reverse Side)

269-0

OCT 28 1957

NOV 5 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 .....
Student Embalmer

Signed Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salesbury, 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.