

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43640**
Registrar's No. **70**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5143**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico	
c. LENGTH OF STAY (in this place) 4 Months		d. STREET ADDRESS (If rural, give location) 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Goodwill Rest Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Clarence	b. (Middle) M.	c. (Last) Harbin	4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1957
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 4, 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant	10b. KIND OF BUSINESS OR INDUSTRY merchant	11. BIRTHPLACE (State or foreign country) Stoddard CO., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Harbin	13b. MOTHER'S MAIDEN NAME Mahaila Goodman	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) XXXXXXXXXXXX	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Stella Brock Puxico, Mo.	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia		
	ANTECEDENT CAUSES DUE TO (b) Cardiac failure DUE TO (c) Cerebral hemorrhage		
II. OTHER SIGNIFICANT CONDITIONS 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? 2 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) 381X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Dec. 10, 1957**, to **Dec. 10, 1957**, that I last saw the deceased alive on **Dec. 10, 1957**, and that death occurred at **1:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE F. F. Priest (Degree or title) DO	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 12-17-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-15-57	24c. NAME OF CEMETERY OR CREMATORY Puxico Cemetery	24d. LOCATION (City, town, or county) (State) Puxico, Mo.
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DATE REC'D BY LOCAL REG. 12/20/57	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE WATKINS & SONS - Dexter Mo	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No. 477

P. O. Address. Reister 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.