

Health, Welfare Public Service

300 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FILED FEB 20 1958

STANDARD CERTIFICATE OF DEATH

58-006533 STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4337 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Monroe b. CITY OR TOWN Madison c. FULL NAME OF HOSPITAL OR INSTITUTION XX-XXXX

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe

3. NAME OF DECEASED First Middle Last Essie Pearle Harpham 4. DATE OF DEATH Month Day Year 2 9 1958

5. SEX female 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 12 10 1875 9. AGE (In years last birthday) 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (City and state or country) Monroe Co RR 12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Samuel Madison Ford 13b. MOTHER'S MAIDEN NAME Mary Elizabeth Maxey 14. NAME OF HUSBAND OR WIFE Samuel Madison Ford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Mary Delaney Madison, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia (b) Cerebral Hemorrhage (c) Arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES NO 33X

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 Month, Day, Year a.m. p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE WORK 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 1-22-58 to 2-9-58 and last saw her alive on 2-9-58 Death occurred at 3:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.C. Kelley (Degree or title) 22b. ADDRESS 22c. DATE SIGNED 2-11-58

23a. BURIAL, CREMATION, REPLY IN SPECIFY) burial 23b. DATE 2/11/1958 23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery 23d. LOCATION (City, town, or county) Holliday Mo

24. BURIAL DIRECTOR Fred A Trompson ADDRESS Madison, Mo 25. DATE RECEIVED LOCAL REG. 2-14-58 26. REGISTRAR'S SIGNATURE Elsie Robertson

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 *Mrs. Fred A. Humphreys*

Licensed Embalmer No. *3282*

P. O. Address *M. ...*

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.