

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015068

STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 29

300
1-57

0710
4

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Versailles</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ELDON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Midwell-Nursing-Home-</u> Length of stay in lb <u>14R</u>		d. STREET ADDRESS (If outside, give location) <u>127-W-7th</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Joseph- Paris- HARBISON</u>			4. DATE OF DEATH Month Day Year <u>April- 22 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>22 April- 1856</u>
9. AGE (In years last birthday) <u>102</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER-</u>	11. BIRTHPLACE (City and state or country) <u>KNOWVILLE- TENN</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>PYAR- HARBISON</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET- GRAHAM- HARBISON</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>Albert- HARBISON- ELDON- Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malnutrition</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) <u>4500</u>			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>NONE</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>NONE</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>NONE</u>	
21. I attended the deceased from <u>Jan. 1958</u> to <u>April 22</u> and last saw ^{her} him alive on <u>April 22, 1958</u> Death occurred at <u>9:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ruth Kauffman M.D</u>		22b. ADDRESS <u>Versailles- Mo</u>	
22c. DATE SIGNED <u>23 April- 58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL-</u>	23b. DATE <u>25 April- 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT- PLEASANT-</u>	23d. LOCATION (City, town, or county) (State) <u>MT- PLEASANT- Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Ruth M. Kaye ELDON- Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-24-58</u>	
26. REGISTRAR'S SIGNATURE <u>J. J. Walsh</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

214

DEC 4 1958

MAY 9 1958

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 *Keith M. Fays*

Licensed Embalmer No. *3998*
P. O. Address *Eldon 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.