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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043019
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 381 Primary Registration District No. 6178 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Sullivan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Duncan Twp — Inside Limits Yes ☐ No ☑	c. CITY OR TOWN Milan 1050 — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Solomon C. P. Harmon

4. DATE OF DEATH Month Day Year: 12 - 1 1958

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐

8. DATE OF BIRTH: 4-19-1882

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR Months 7 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Cora - Mo

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: John Harmon

13b. MOTHER'S MAIDEN NAME: Sarah Bundridge

14. NAME OF ~~HUSBAND~~ OR WIFE: Golda Jennings (dead)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: John Harmon — Address: Cora - Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Thrombus — INTERVAL BETWEEN ONSET AND DEATH: instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): —

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 —, to — and last saw her/him alive on —

Death occurred at 5 30 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E W Simpson D.O. Coroner 3

22b. ADDRESS: Milan

22c. DATE SIGNED: 12-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-3-58

23c. NAME OF CEMETERY OR CREMATORY: Knixong Grove

23d. LOCATION (City, town, or county) (State): Browning Mo

24. FUNERAL DIRECTOR: Schoenes Dwight Schoene — ADDRESS: Milan Mo

25. DATE RECD. BY LOCAL REG.: 12-5-58

26. REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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DEC 30 1968

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan - 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.