

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046981

STATE FILE NUMBER

FILED JAN 6 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Nevada	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home 212 S-Adams		d. STREET ADDRESS (If outside, give location) 212 South Adams St.	
3. NAME OF DECEASED (Type or print) Anna Huntley Harner		4. DATE OF DEATH Month 12 - Day 25 - Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 23, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) St. Charles, Missouri
13a. FATHER'S NAME Joseph Boone		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Joseph P. Harner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address 212 S. Adams St. Joseph P. Harner, Husband, Nevada, 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) Coronary Occlusion DUE TO (b) Dont Know DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			INTERVAL BETWEEN ONSET AND DEATH Sudden
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.) -----	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----		20f. CITY, TOWN, OR LOCATION Nevada COUNTY Vernon STATE Mo	
21. I attended the deceased from 12/25/58 to 12/25/58 and last saw ^{her} _{him} alive on 12/25/58 . Death occurred at 4 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. P. Love Sr.		22b. ADDRESS Nevada Mo	22c. DATE SIGNED 12/31/58.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-27-1958	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	23d. LOCATION (City, town, or county) (State) Nevada, Missouri
24. FUNERAL DIRECTOR Hays Funeral Service, Inc.		25. DATE RECD. BY LOCAL REG. 1-2-1959	26. REGISTRAR'S SIGNATURE Anna E. Jerry

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 Richard L. Luffin

Licensed Embalmer No. 7053

P. O. Address H. Scott

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.