

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006405
STATE FILE NUMBER

FILED MAR 10 1959

Registration District No. 209 Primary Registration District No. Registrar's No. 9

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Marion | | b. CITY (If outside corporate limits, give TOWNSHIP only) Palmyra | | a. STATE Missouri | | b. COUNTY Marion | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra | | Inside Limits OR Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Palmyra | | C 6 4 0 Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | Length of stay in 1b | d. STREET ADDRESS | | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First MARTHA | | Middle CARRIE | | Last HARSHELL | | Month Day Year Jan. 30 1959 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Oct. 10, 1873 | | 9. AGE (In years last birthday) 85 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Marion Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Jacob Harshell | | | | 14. MOTHER'S MAIDEN NAME Rebecca Tate | | | |
| 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. | | 17. INFORMANT Mrs. Roy Courtright Palmyra 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) Senile heart disease | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr. |
| 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) |
| 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.) 4222 |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20d. INJURY OCCURRED WHILE AT WORK <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 | | COUNTY STATE | |
| 21. I attended the deceased from Jan 28 / 1959 to Jan 30, 1959 and last saw her alive on Jan 29, 1959 Death occurred at 6 m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) David W. Glascock M.D. | | | | 22b. ADDRESS Palmyra, Mo | | 22c. DATES SIGNED 2-16-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | | |
| Burial | | 2/2/59 | Greenwood Cem. | | Palmyra Mo. | | |
| 24. FUNERAL DIRECTOR E.T. Sprague Palmyra Mo. | | | | 25. DATE RECD. BY LOCAL REG. 2-19-59 | | 26. REGISTRAR'S SIGNATURE By E. M. Lusk Deputy | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 9 1959
MARION CO. HEALTH DEPT.
DATE FILED MAR 9 1959

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MAR 9 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *E. J. Sprague*.....

Licensed Embalmer No..... 32

P. O. Address... Palmyra, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.