

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012179

STATE FILE NUMBER

FILED MAY 6 1959

Registration District No. 002 Primary Registration District No.

Registrar's No. 30

300
1-57

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cosby		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cosby 00206 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Herman Middle F. Last Harr			4. DATE OF DEATH Month April Day 20 Year 1959		
5. SEX Male	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 June 8, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Andrew County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Christian Harr		13b. MOTHER'S MAIDEN NAME Louise Reschke		14. NAME OF HUSBAND OR WIFE Lillie Harr	
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. 498-42-4203	17. INFORMANT Address Mrs. Lillie Harr, Cosby, Missouri		

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 Instant.			INTERVAL BETWEEN ONSET AND DEATH 5 years 5 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Coronary Sclerosis	
		DUE TO (c) General Arterio-sclerosis	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Cosby	COUNTY Missouri	STATE
21. I attended the deceased from 3-8-58 to 4-20-59 and last saw ^{xx} him alive on 4-19-59 Death occurred at 9:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE Albert B. Kelley, M.D. (Degree or title)		22b. ADDRESS Lavanaugh, Mo.	22c. DATE SIGNED 4-22-59
---	--	---------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 22, 1959	23c. NAME OF CEMETERY OR CREMATORY Evangelical & U.B. Cem.	23d. LOCATION (City, town, or county) (State) Cosby, Missouri
--	-----------------------------------	--	---

24. FUNERAL DIRECTOR Michael H. Herman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. 4-29-59	26. REGISTRAR'S SIGNATURE William Spark
--	-----------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 
Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.