

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024681

FILED VS AUG 4 1959

STATE FILE NUMBER

Registration District No. 123-116 Primary Registration District No. 3020 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>WASHINGTON</u>		Length of stay in 1b <u>MINUTES</u>		c. CITY OR TOWN <u>SULLIVAN</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>ST. FRANCIS HOSP</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>320 N. CHURCH ST.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>RICHARD MICHAEL HARMAN</u>				4. DATE OF DEATH Month Day Year <u>JULY 29 1959</u>						
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>DEC. 2 1942</u>	9. AGE (last birthday) <u>16</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL</u>			10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) <u>SULLIVAN, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>HARVEY HARMAN</u>			13b. MOTHER'S MAIDEN NAME <u>VELTA MAY MALLOW</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</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>487-44-7184</u>		17. INFORMANT <u>VELTA HARMAN, SULLIVAN MO.</u>			Address		
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>Basilar skull fractures</u> DUE TO (b) <u>Fractures of rib cage and</u> DUE TO (c) <u>lacerations of thoracic and</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Abdominal trauma & other injuries</u>							INTERVAL BETWEEN ONSET AND DEATH <u>One hr</u>			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Suspect was jockey in auto which struck tree at high speed</u>						
20c. TIME OF INJURY <u>10:30</u>	Hour <u>am</u>	Month, Day, Year <u>7/29/59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Park near Sullivan</u>		20f. CITY, TOWN, OR LOCATION <u>Franklin Mo.</u>		COUNTY <u>Franklin</u>	STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>[Signature]</u>				22b. ADDRESS <u>Union Mo.</u>			22c. DATE SIGNED <u>7/30/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AVG 1, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F. MEMORIAL CEM</u>			23d. LOCATION (City, town, or county) <u>SULLIVAN MO</u>		(State)		
24. FUNERAL DIRECTOR <u>H.M. EATON</u>			ADDRESS <u>SULLIVAN, MO</u>		25. DATE RECD. BY LOCAL REG. <u>8-1-59</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 11 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harrison B. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan

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.