

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

59-032177
STATE FILE NUMBER

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Iron</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Banner Mo</u> Length of stay in lb <u>6 weeks</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Belleview Nursing home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Iron</u> c. CITY OR TOWN <u>Pilot Knob Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Gen Delivery.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Thomas Harbison</u>			4. DATE OF DEATH Month Day Year <u>10 4 1959</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/14/1877</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Farming</u>		11. BIRTHPLACE (City and state or country) <u>Autry Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>US.A.</u>		
13a. FATHER'S NAME <u>William Harbison</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Green</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed Lizzie Harbison</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.		17. INFORMANT Address <u>Charlie Harbison Pilot Knob, Mo</u>			
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>acute pyelitis.</u> DUE TO (b) _____ DUE TO (c) <u>Benign prostatic hypertrophy.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year		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 <u>5-21-50</u> , to <u>10-1-50</u> and last saw ^{him} alive on <u>9-11-50</u> Death occurred at <u>2.40 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Marvin C. Menary M.D.</u>				22b. ADDRESS <u>Ironton, Mo</u>			
22c. DATE SIGNED <u>10/5/59</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>10/6/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Knob, Mo. Mo</u>				
24. FUNERAL DIRECTOR ADDRESS <u>C.A. Howell Ironton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10/9/59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Elizabeth Logan</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6551 61100 SA

NOV 24 1959 SA

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

V. A. Noirel

Licensed Embalmer No. 3670

P. O. Address 1000 1st St

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