

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005480

FILED VS FEB 23 1960

STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5247 Registrar's No. 13

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| 1. PLACE OF DEATH a. COUNTY <u>Chariton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salisbury Township</u> | | c. CITY OR TOWN <u>Cockrell Township</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died in route to hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>9 mi. North of Salisbury</u> | |

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|------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or print) First <u>Herbert</u> Middle <u>Laverne</u> Last <u>Harmon</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>20,</u> Year <u>1960</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1/5/31</u> | 9. AGE (last birthday) <u>29 yrs.</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming & Contracting</u> | | 11. BIRTHPLACE (City and state or country) <u>Endicott, Nebraska</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Earl Cecil Harmon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Pearl May Minks</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Ruby Hinkle Harmon</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>499-40-2944</u> | | 17. INFORMANT Address <u>Calvin Harmon, Salisbury, Mo.</u> | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> |
| IMMEDIATE CAUSE (a) <u>Shock</u> | | | |
| DUE TO (b) <u>Rupture of abdominal Uscis</u> DUE TO (c) <u>External Trauma</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 |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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>Deceased was driving tractor when log</u> | |
| 20c. TIME OF INJURY Hour <u>11:40 PM</u> Month, Day, Year <u>2 20 60</u> | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>farm 12 mile north of Salisbury</u> | 20f. CITY, TOWN, OR LOCATION <u>Salisbury</u> | COUNTY <u>Chariton</u> | STATE <u>Missouri</u> |
| 21. I attended the deceased from <u>2-20-60</u> to <u>2-20-60</u> and last saw <u>him</u> live on <u>2-20-60</u> Death occurred at <u>12 Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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|---------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|
| 22a. SIGNATURE (Degree or title) <u>George D. Quinn Do.</u> | | 22b. ADDRESS <u>Salisbury Missouri</u> | | 22c. DATE SIGNED <u>2-21-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>2/22/60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Fitzgerald cemetery</u> | | 23d. LOCATION (City, town, or county, state) <u>Chariton county, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Chas. B. Winkelmeyer, Salisbury, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-22-60</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 27 1960

STATEMENT BY LICENSED EMBALMER

FEB

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 Chas B Wilhelm

Licensed Embalmer No. 3842

P. O. Address Salisbury, N

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.