RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 6 1960

60-019154

Registration District No. 137 Primary Registration District No. 3623 Registrar's No. 657 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN: Clinton | Length of stay in 1b: 3 days
c. FULL NAME OF HOSPITAL OR INSTITUTION: Clinton General | Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Brownington | Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R R # 2 | Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Effie | Middle: | Last: Harbour

4. DATE OF DEATH: Month: May | Day: 31 | Year: 1960

5. SEX: Female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Oct 24. 1881

9. AGE (last birthday): 78

IF UNDER 1 YEAR: Months: | Days:
IF UNDER 24 HR: Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Marion, Ohio

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Marshall Spaulding

13b. MOTHER'S MAIDEN NAME: Nancy Jane Miller

14. NAME OF HUSBAND OR WIFE: George Harbour

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. Alta Couch Address: 3515 E. Mckinley Phoenix, Ariz

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Cerebrovascular Accident - Left hemiplegia	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Thrombosis	3 days
DUE TO (c)	Cerebral arteriosclerosis	4 yrs

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 11-20-58, to 5-31-60 and last saw her/him alive on 5-31-60
Death occurred at 5:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ord Bradshaw MD

22b. ADDRESS: 114 N. Jefferson, Clinton, Mo.

22c. DATE SIGNED: 5-31-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: June 1. 1960

23c. NAME OF CEMETERY OR CREMATORY: Heim Cemetery

23d. LOCATION (City, town, or county) (State): Dawson, Neb

24. FUNERAL DIRECTOR ADDRESS: Sickman & Dunning F H Clinton, Mo

25. DATE RECD. BY LOCAL REG.: June 1, 1960

26. REGISTRAR'S SIGNATURE: Mildred Begum

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 P L Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton

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