URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-029893

STATE FILE NUMBER

ILED VS SEP 9 1960

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 156

ENDED

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARRISONVILLE — Length of stay in 1b 12 Hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE OKLAHOMA b. COUNTY KAY
c. CITY OR TOWN Ponca City — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt 4 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First EDNA Middle CATHERINE Last HARDEN

4. DATE OF DEATH Month August Day 29 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-8-1895
9. AGE (last birthday) 65 — 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) Home Maker
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Stillwater Okla.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James W. Moore
13b. MOTHER'S MAIDEN NAME Reta Harshman
14. NAME OF HUSBAND OR WIFE Charles O. Harden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Charles O. Harden Address Rt 4 Ponca City, Okla.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus —
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 Aug 29, 1960 and last saw her/him alive on Aug 29, 1960
Death occurred at 6 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O B Barger MD
22b. ADDRESS Harrisonville Mo
22c. DATE SIGNED Aug 30 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-30-1960
23c. NAME OF CEMETERY OR CREMATORY Fairlawn Cemetery
23d. LOCATION (City, town, or county) (State) Stillwater, Oklahoma

24. FUNERAL DIRECTOR Atkinson-Dickey ADDRESS Harrisonville, Mo.
25. DATE RECD BY LOCAL REG. 8-30-1960
26. REGISTRAR'S SIGNATURE Mrs. Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed Robert W Atkinson

Signature of Student Embalmer

Licensed Embalmer No. 4902

P. O. Address Hammonwell

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