URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1960

-60-031708

STATE FILE NUMBER

NDED

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Ripley.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan. Length of stay in 1b 13 years.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 810 E. Locust St. Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Ripley.
c. CITY OR TOWN Doniphan. Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 810 E. Locust St. Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Jeptha Middle Carson Last Harman.

4. DATE OF DEATH Month July Day 27, Year 1960.

5. SEX Male. 6. COLOR OR RACE White. 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ 8. DATE OF BIRTH Aug. 23, 1871. 9. AGE (last birthday) 88. 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) Farming. 10b. KIND OF BUSINESS OR INDUSTRY Agriculture. 11. BIRTHPLACE (City and state or country) Indiana. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Samuel Harman. 13b. MOTHER'S MAIDEN NAME Mary E. Grinstead. 14. NAME OF HUSBAND OR WIFE Martha E. Harman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE. 17. INFORMANT Percy Harman, Doniphan, Mo. Address

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) Myocardial failure. — INTERVAL BETWEEN ONSET AND DEATH 1 day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cachexia.
DUE TO (c)
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 4-25-60 to 7-27-60. and last saw ~~her~~ him alive on 7-27-60.
Death occurred at 7: P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William Bannister, D.O.
22b. ADDRESS Doniphan, Mo.
22c. DATE SIGNED 8-10-60.

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL.
23b. DATE July 29, 1960.
23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery.
23d. LOCATION (City, town, or county) (State) Doniphan, Missouri.

24. FUNERAL DIRECTOR Ray Means. ADDRESS Doniphan, Mo.
25. DATE RECD. BY LOCAL REG. 8-14-60
26. REGISTRAR'S SIGNATURE Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Ray Means

Signature of Student Embalmer

Licensed Embalmer No. 3743.

P. O. Address Doniphan

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