

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037241
STATE FILE NUMBER

FILED VS SEP 27 1960 360

Registration District No. Primary Registration District No. 6225 Registrar's No. 202

ENDED

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Length of stay in 1b 50 days	c. CITY OR TOWN Carthage
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Hosp. # 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 923 South Orner
3. NAME OF DECEASED (Type or print) First Middle Last Margaret Harp		4. DATE OF DEATH Month Day Year September 21, 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-14-75
9. AGE (last birthday) 85		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) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George Silas Harp	
13b. MOTHER'S MAIDEN NAME Caroline Young		14. NAME OF HUSBAND OR WIFE Unknown (Dec.)	
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. Unknown	
17. INFORMANT Records of		Address St. Hospital # 3, Nevada, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Coronary Vessel Disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Weeks Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome Associated with Senile Brain Disease with Psychotic Reaction.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Month, Day, Year a.m. p.m.		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 August 3, 1960 to 9-21-60 and last saw ^{her} XXX live on 9-21-60 Death occurred at 10:10 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Allen Dickens, M.D.		22b. ADDRESS St. Hosp. # 3, Nevada, Mo.	
22c. DATE SIGNED 9-21-60		23a. NAME OF CEMETERY OR CREMATORY Park Cemetery	
23b. DATE 9-24-60		23c. LOCATION (City, town, or county) (State) Carthage, Missouri	
23d. BURIAL, CREMATION, REMOVAL (Specify) Burial		24. FUNERAL DIRECTOR ADDRESS The Ulmer Funeral Home-Carthage, Mo.	
25. DATE RECD. BY LOCAL REG. 9-23-1960		26. REGISTRAR'S SIGNATURE Anna E. Jurey	

DOCUMENT

MEDICAL CERTIFICATION

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 Melvin Garrett, Student Embalmer No. 605

working under my personal supervision.

Student Melvin Garrett
Signature of Student Embalmer

Signed Edwin E. Eber

Licensed Embalmer No. 4955

P. O. Address Portage

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.