

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044856

FILED VS NOV 28 1960

STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 6152 Registrar's No. 100

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Stoddard</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Stoddard</u>	
Length of stay in 1b <u>life</u>		c. CITY OR TOWN <u>Dexter</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location)			
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<u>Route 3, Liberty Township</u>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Myrtle</u>		Middle <u>Marie</u>		Last <u>Harthun</u>		Month <u>Nov</u> Day <u>10</u> Year <u>1960</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/29/1910</u>	9. AGE (last birthday) <u>50</u>	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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>married.</u>		11. BIRTHPLACE (City and state or country) <u>Dudley, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>	
13a. FATHER'S NAME <u>James Jarrell</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Woody</u>		14. NAME OF HUSBAND OR WIFE <u>Ben Harthun</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>unknown</u>		17. INFORMANT Address <u>Ben Harthun, R # 3, Dexter, Mo</u>			
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) <u>Coronary Thrombosis</u>							
DUE TO (b) <u>Cholesterol collection in arteries.</u>							
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. <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 a.m. p.m. Month, Day, Year							
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 <u>Oct. 16th</u> to <u>Nov. 10th 1960</u> and last saw her/him alive on <u>Nov. 10th</u> .				Death occurred at <u>3:00 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>			22b. ADDRESS <u>Dexter, Mo</u>			22c. DATE SIGNED <u>Nov. 14/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11/11/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dudley Cemetery</u>		23d. LOCATION (City, town, or county) <u>Dudley, Missouri</u> (State)		
24. FUNERAL DIRECTOR ADDRESS <u>Watkins &amp; Sons Dexter, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>11-18-60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

02/ 2012 143

**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 Earl Watkins

Licensed Embalmer No. 14964

P. O. Address: Center, N

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