

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016204  
STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 34

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

**FILED MAY 2 1961**

1. PLACE OF DEATH  
a. COUNTY Taney  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Swan Township Length of stay in 1b 70 years  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Taney  
c. CITY OR TOWN Garrison Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 3 miles South Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First David Middle Mose Last Harmon 4. DATE OF DEATH Month March Day 18 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH November 17, 1880 9. AGE (last birthday) 80 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY ----- 11. BIRTHPLACE (City and state or country) Wishart, Missouri 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME George W. Harmon 13b. MOTHER'S MAIDEN NAME Sarah Jane Kingery 14. NAME OF HUSBAND OR WIFE Margaret Adams

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. none 17. INFORMANT Mr. Loman Harmon, Garrison, Missouri Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Acute Myocardial Dilatation  
DUE TO (b) Chronic Myocarditis  
DUE TO (c) Arteriosclerosis  
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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

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 April 4th, 1956 to March 18th, 61 and last saw him alive on March, 1961  
Death occurred at 12:01 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceasee or time) [Signature] 22b. ADDRESS Sparta, Missouri 22c. DATE SIGNED 4/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/21/1961 23c. NAME OF CEMETERY OR CREMATORY Garrison Cemetery 23d. LOCATION (City, town, or county) (State) Garrison, Missouri

24. FUNERAL DIRECTOR J. Alan Harris, ADDRESS Clever, Mo. 25. DATE RECD. BY LOCAL REG. 4/27/61 26. REGISTRAR'S SIGNATURE [Signature]

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, Mo.

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.