ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-020628
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 270

AMENDED

FILED JUL 6 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: CAPE-GIRARDEAU
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CAPE GIRARDEAU — Length of stay in 1b: 5½ WKS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): SOUTHEAST MISSOURI HOSP. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SCOTT
c. CITY OR TOWN: CHAFFEE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 201 W. DAVIDSON AVE. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LOTTIE Middle ADELL Last HARMON
4. DATE OF DEATH: Month JUNE Day 14, Year 1961

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: AUG. 26, 1885
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months 9 Days 18 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): HICKMAN, KENTUCKY
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: FRANKLIN M. ARNOLD
13b. MOTHER'S MAIDEN NAME: LUCILLE ANN CRAWFORD
14. NAME OF HUSBAND OR WIFE: HOMER C. HARMON

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: DEWITT HARMON Address: CHAFFEE, MO.

MEDICAL CERTIFICATION

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): Arteriosclerotic Heart Disease
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): Chr. Cholecystitis c̄ Cholelithiasis Chronic Pyelonephritis c̄ uremia, hyponatremia
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 9/6/60, to 6/14/61 and last saw her/him alive on 6-13-61
Death occurred at 12:03 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. A. Williams Jr. MD
22b. ADDRESS: 24 No. Sprigg Street Cape Girardeau, Mo.
22c. DATE SIGNED: 6/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JUNE 17, 1961
23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
23d. LOCATION (City, town, or county) (State): CAPE GIRARDEAU, MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: BISPLINGHOFF FUNERAL HOME CHAFFEE, MO
25. DATE RECD. BY LOCAL REG.: 6-28-'61
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

JUL 14 1961

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Caffee, 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.