

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025691

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 140

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD MAKE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ED JUL 25 1961

1. PLACE OF DEATH
a. COUNTY JASPER

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE Length of stay in 1b 11 HRS.

c. CITY OR TOWN CARTHAGE Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MCCUNE BROOKS HOSPITAL Inside Limits Yes No

d. STREET ADDRESS 1007 GRANT (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
IRA RONALD HARRUFF

4. DATE OF DEATH Month Day Year
JULY 16 1961

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH 6-10-1903

9. AGE (last birthday) 58

IF UNDER 1 YEAR Months Days Hours Min.
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WOODWORKING, EXTERMINATOR-W. WORK, EXT. OR

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) WHITE OAK, INDIANA

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ROBERT J. HARRUFF

13b. MOTHER'S MAIDEN NAME MARY M. BABER

14. NAME OF HUSBAND OR WIFE LORA PEARL RILEY HARRUFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) YES W. W. 2 NAVY

17. INFORMANT Address MRS. I. R. HARRUFF, CARTHAGE, 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) Myo Cardial infarction
DUE TO (b) CORO NARY artery Disease
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
Severe Hypertensive Cardiovascular Disease

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

INTERVAL BETWEEN ONSET AND DEATH 10 hrs

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 6/20/60 to 7/16/61 and last saw him alive on 7/16/61
Death occurred at 3:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) I Red Wolf

22b. ADDRESS M.D. 1515 HAZEL, CARTHAGE, MO.

22c. DATE SIGNED 7-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE JULY 20, 61

23c. NAME OF CEMETERY OR CREMATORY GREY'S POINT CEMETERY LAWRENCE CO. MO.

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS

25. DATE RECD. BY LOCAL REG. 7-18-61

26. REGISTRAR'S SIGNATURE Ely Clanton

THE ULMER FUNERAL HOME, CARTHAGE, MO.

JUL 26 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 Edwin S. Thorne

Licensed Embalmer No. 4953

P. O. Address Grethage, 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.