

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-033302

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 177

AMENDED

FILED SEP 20 1961

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri by COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1109 Lyon		d. STREET ADDRESS (If outside, give location) 1109 Lyon	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Estelba Paradine Harshaw			4. DATE OF DEATH Month Day Year 9-7-1961		
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 11-13-1875	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 9 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Jasper Co. Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Stephen Howard		13b. MOTHER'S MAIDEN NAME Margaretta Southard	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Balah Boyd Carthage Mo.		Address 1109 Lyon			

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 5 minutes
IMMEDIATE CAUSE (a) Ventricular fibrillation		
DUE TO (b) Coronary atherosclerosis - florid Diastolic aneurysm		
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 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 9-31-60 to 9-7-61 and last saw her alive on 8-19-61.
Death occurred at 7 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS 1515 Hazel St. Carthage Mo. 6481		22c. DATE SIGNED 9/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-9-1961	23c. NAME OF CEMETERY OR CREMATORY Red Oak		23d. LOCATION (City, town, or county) (State) Cr. of Miller Mo.
24. FUNERAL DIRECTOR ADDRESS Moxnis-Leiman Miller Mo.		25. DATE RECD. BY LOCAL REG. 9-14-61	26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

INSTEAD OF

ITEM NO. SHOULD READ

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 *E. P. Herman*

Licensed Embalmer No. 3297

P. O. Address Miller 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.