

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=61-037672**

AMENDED

Registration District No. 195 Primary Registration District No. \_\_\_\_\_ Registrar's No. 63-61 STATE FILE NUMBER

**FILED OCT 18 1961**

1. PLACE OF DEATH a. COUNTY <b>Mc Donald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Noel</b>		c. CITY OR TOWN <b>Noel</b>	
Length of stay in 1b <b>15 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fester Sons Home</b>		d. STREET ADDRESS (If outside, give location) <b>Rt. 2</b>	
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 <b>Albert</b> Middle <b>H.</b> Last <b>Harmon</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>11</b> Year <b>1961</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-2-1873</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and state or country) <b>Eric, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Asbury Harmon</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane</b>	14. NAME OF HUSBAND OR WIFE <b>Laura Jessie Harmon</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Laura Jessie Harmon, Noel, Mo.</b>
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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)	<b>Hydrostatic Pneumonia</b>	<b>one wk.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.	DUE TO (b) <b>Taralysis &amp; bed confinement</b>	<b>June 1961</b>
	DUE TO (c) <b>Cerebral vascular accident</b>	<b>June 1961</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)
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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 checked="" 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
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21. I attended the deceased from <b>June 1961</b> to <b>Oct. 11, 1961</b> and last saw him alive on <b>Oct. 10, 1961</b>	
Death occurred at <b>4:30 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>W. Noel</i>	(Degree or title)	22b. ADDRESS <b>Travisville, Mo.</b>	22c. DATE SIGNED <b>10-13-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 13, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Harmon Cemetery</b>	23d. LOCATION (City, town, or county) <b>Eric, Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>Humphrey &amp; Son Noel, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Oct. 13, 1961</b>	26. REGISTRAR'S SIGNATURE <i>Mary Ann Bradley</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

OCT 24 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 W. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.