

5-1-26-61

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023642

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 323

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 25 1962

1. PLACE OF DEATH
a. COUNTY **Jasper**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jasper**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Joplin** Length of stay in 1b **3 yrs**

c. CITY OR TOWN **Joplin** Inside Limits Yes No

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

d. STREET ADDRESS (If outside, give location) **Hotel Connor, 4th & Main** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
EUGENE I. HARDING

4. DATE OF DEATH Month Day Year
June 21, 1962

5. SEX **M** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **9-4-1893** 9. AGE (last birthday) **68**

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) **Gov. Procurement Service- U.S. Corp. of Eng.**

10b. KIND OF BUSINESS OR INDUSTRY **Murray, Kentucky**

11. BIRTHPLACE (City and state or country) **USA**

12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Henry Harding** 13b. MOTHER'S MAIDEN NAME **Betty Wilson**

14. NAME OF HUSBAND OR WIFE **-----**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, **W.W. I**, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **-----**

17. INFORMANT **Bro- Joe Harding, 618 Porter Ave., Joplin, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Acute Myocardial Infarction** INTERVAL BETWEEN ONSET AND DEATH **3 days**
DUE TO (b) **C pulmonary Edema**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) **-----**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Uremia**

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. Month, Day, Year 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 **6-20-62** to **6-21-62** and last saw her/he alive on **6-21-62**
Death occurred at **3:30 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **S. Schaefer** (Degree or title) **MD** 22b. ADDRESS **Joplin Mo** 22c. DATE SIGNED **6-22-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **6-23-1962** 23c. NAME OF CEMETERY OR CREMATORY **Murray Cemetery** 23d. LOCATION (City, town, or county) (State) **Murray, Kentucky**

24. FUNERAL DIRECTOR ADDRESS **STEVE PARKER MORTUARY, JOPLIN, MISSOURI** 25. DATE RECD. BY LOCAL REG. **6-22-1962** 26. REGISTRAR'S SIGNATURE **Dorrie Merriam**

VS 300 Rev. 4/59

6499
30499

3

4 0

5 3

6

7 1

8 2

94201

10

11

124-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUL 12 1962

AUG 2 1962

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 Robert A. Zalk

Licensed Embalmer No. 5193

P. O. Address Joplin, 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.