

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046716

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 165

VS 300
Rev. 4/59

6470

20940

3

4 0

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94201

10

11

121-8

1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>		Length of stay in lb <u>DOA</u>	c. CITY OR TOWN <u>Iron Mountain</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>general delivery</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES HERMAN FRANCIS HARER</u>			4. DATE OF DEATH Month Day Year <u>Dec. 14 1962</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 9 1903</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days Hours Min.	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) <u>seaman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>US Navy</u>	11. BIRTHPLACE (City and state or country) <u>Pekin Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Charles G. Harer</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Pauline Harer</u>
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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) <u>yes WW 2</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Pauline Harer, Iron Mountain Mo.</u>
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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: <u>Presumed to be Natural Cause of coronary thrombosis</u> IMMEDIATE CAUSE (a) <u>Deceased had previously had medical care in Veterans Admr. Hospital, Poplar Bluff, Mo.</u> DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
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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 type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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
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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
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ 12.15 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Mrs. Avis Jones Registrar</u>	(Degree or title)	22b. ADDRESS <u>Ironton, Mo.</u>	22c. DATE SIGNED <u>12-15-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12-16-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Ironton Mo.</u>
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24. FUNERAL DIRECTOR <u>Amel S. White</u>	25. DATE RECD. BY LOCAL REG. <u>12-15-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>
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USE BLACK INK OR TYPEWRITER RIBBON

JAN 2 1963
FEB 13 1963

MAR 15 1963

AUG 8 1963

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 *Russell G. White*

Licensed Embalmer No. 3012

P. O. Address *Oranston Mass*

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.