

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-035898**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 254

**FILED OCT 14 1963**

VS.300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Clinton</u>   |   | Length of stay in 1b<br><u>9/26/63</u>  | c. CITY OR TOWN <u>Clinton</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Clinton Gen. Hosp</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>103 E Jefferson St</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>     |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>CLARENCE GREEN HARDING</u>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>10-6-63</u>   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Nov 4 1884</u>  |
| 9. AGE (last birthday)<br><u>78</u>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.<br><u>11 2 - -</u>  | IF UNDER 24 HR<br>Hours Min.<br><u>- -</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Painter</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Painter</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Kansas</u>  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Deceased</u>  |  |
| 13a. FATHER'S NAME<br><u>Noah Harding</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Lessie Buckblue</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>490-05-9988</u>   |  |
| 17. INFORMANT<br><u>C.G. Harding</u>  |   | Address<br><u>Oribasny NY</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hypertensive Pneumonia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u><br>DUE TO (c) <u>Chronic Myocarditis &amp; decompensation</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u><br><u>5 days</u><br><u>1 year</u>  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>Month, Day, Year   |   | 20d. INJURY OCCURRED:<br>WHILE AT WORK <input type="checkbox"/><br>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<br>COUNTY STATE  |  |
| 21. I attended the deceased from <u>September 26, 1963</u> and last saw him alive on <u>10/6/63</u> .<br>Death occurred at <u>2:35 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Dr. R.S. Hallingmire M.D.</u>  |   | 22b. ADDRESS<br><u>Clinton Mo.</u>  |  |
| 22c. DATE SIGNED<br><u>10/7/63</u>  |   | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  |
| 23b. DATE<br><u>10-8-63</u>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Englewood</u>  |  |
| 23d. LOCATION (City, town, or county)<br><u>Clinton MO</u>  |   | 24. FUNERAL DIRECTOR<br><u>F.L. SCHABERG</u>  |  |
| 25. DATE RECD. BY LOCAL REG.<br><u>Oct 7, 1963</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Mildred Bigum</u>   |  |

USE BLACK INK

OR TYPEWRITER RIBBON

**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 F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton 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.

Permit Obtained 10-7-63 (MB)