

STANDARD CERTIFICATE OF DEATH

State File No. 4811

FILED MAR 15 1952

BIRTH NO. _____		REG. DIST. NO. 145		PRIMARY REG. DIST. NO. 5566		Registrar's No. 45		
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY IRON				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Kaolin			c. LENGTH OF STAY (In this place) Went 0470	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Kaolin			Went 0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 mi. west of Belleview				d. STREET ADDRESS (If rural, give location) 12 mi. west of Belleview				
3. NAME OF DECEASED (Type or Print)		a. (First) Pearline		b. (Middle)		c. (Last) Harbison		
4. DATE OF DEATH		(Month) Mar. 7		(Day) 1952		(Year)		
5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 10 1947		9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iron Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Eugene Harbison			13b. MOTHER'S MAIDEN NAME Minnie Litton		14. NAME OF HUSBAND OR WIFE #			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Irvin Harbison, Banner Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Double Virus Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 2 days		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza Virus					3 days		
	DUE TO (c) Epid. i							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ✓					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		480x		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 2-1-1952 to 3-1-1952, that I last saw the deceased alive on March 6, 1952, and that death occurred at 2:00A m., from the causes and on the date stated above.								
23a. SIGNATURE J. H. Gale MD				23b. ADDRESS Parsnack Mo		23c. DATE SIGNED 3-5-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-8-52	24c. NAME OF CEMETERY OR CREMATORY Harbison Cemetery		24d. LOCATION (City, town, or county) (State) Banner Missouri				
DATE REC'D BY LOCAL REG. March 12, 1952		REGISTRAR'S SIGNATURE Mrs Elizabeth Logan		129		25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo. Paul S. White		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

was not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Arnold White*

Licensed Embalmer No. *3012*

P. O. Address *Groton N.H.*

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 this body is not embalmed, fact should be so stated above.