

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33061

STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 2-9-8 297 Primary Registration District No. 6023 Registrar's No. 102

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Carrollton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 5 3 miles NW Kennett</u>			Length of stay in lb <u>NONE</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. 46</u>
3. NAME OF DECEASED (Type or print) First <u>ALVIN</u> Middle <u>DALE</u> Last <u>HARMAN</u>			4. DATE OF DEATH Month <u>September</u> Day <u>9</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEP 25, 1936</u>		9. AGE (In years last birthday) <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (City and state or country) <u>Carroll County</u>	
13. FATHER'S NAME <u>Josee Harmon</u>			14. MOTHER'S MAIDEN NAME <u>Essie Macmillan</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-40-1766</u>		17. INFORMANT <u>Gene Harmon</u> Address <u>Carrollton, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Injuries to head & legs & chest</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>subconscious in truck accident</u>					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>crushed in cab of truck 089</u>				
20c. TIME OF INJURY Hour <u>3</u> a. m. <u>p. m.</u> Month, Day, Year <u>Sept 9 - 57</u>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>2 mi. NW Kennett</u>		20f. CITY, TOWN, OR LOCATION <u>Ray</u> COUNTY <u>CO</u> STATE <u>MO</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:00 P.</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Thomas D. Cook, M.D. Coroner</u>			22b. ADDRESS <u>Raymond Ave</u>		22c. DATE SIGNED <u>9/20/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-11-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Carroll Memory Garden</u>	
				23d. LOCATION (City, town, or county) (State) <u>Carrollton, Missouri</u>	
24. FUNERAL DIRECTOR <u>Guest-Like Funeral Home</u> ADDRESS <u>Ray, MO</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 17 - 1957</u>		26. REGISTRAR'S SIGNATURE <u>Malchuk</u>	

OCT 2 1957
SEP 27 1957

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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 *George White*.....

Licensed Embalmer No...40

P. O. Address *Belvidere*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.