

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8098**

No. 300
10-48

FILED MAR 22 1954

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3016** Registrar's No. **77**

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

1. PLACE OF DEATH a. COUNTY Cole b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City c. LENGTH OF STAY (in this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION at work on New Bridge		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monticau c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lupus d. STREET ADDRESS (If rural, give location) Main St.	
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3. NAME OF DECEASED (Type or Print) Jewell Hewitt Harbour a. (First) b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 18, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 24, 1924	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 24
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) File driver	10b. KIND OF BUSINESS OR INDUSTRY Pacific Bridge Co.	11. BIRTHPLACE (City and State or Foreign Country) Lupus, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Poter Harbour	13b. MOTHER'S MAIDEN NAME Bulah Reimer	14. NAME OF HUSBAND OR WIFE Ruth Harbour
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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) yes	16. SOCIAL SECURITY NO. 500-16-8716	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Harbour Lupus, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ORSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Crushed to Death by a falling Crane		CRASHED
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
E9128 6			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) New Mexico Bridge	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City; Cole Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 18 54 10:30A	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Crane fell on him

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:30A, from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) Marshall W. Kelly M.D.	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 3/15/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 20, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery	24d. LOCATION (City, town, or county) (State) Lupus, Mo.
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DATE REC'D BY LOCAL REG. March 19 54	REGISTRAR'S SIGNATURE R.P. Davis M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Buschke Jefferson City, Mo.
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APR 14 1954

MAR 23 1954
MAR 25 1954

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
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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 this body is not embalmed, fact should be so stated above.