No. 300
10.48

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

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

114

State File No.

BIRTH NO. REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 4031 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Adrian 1
c. LENGTH OF STAY (in this place): 38 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lola Harger

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bates 9
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Adrian 8
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print) a. (First): Lola b. (Middle): Belle c. (Last): Harger

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 12, 1873
9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR Months: 11 Days: 29 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bates County, Missouri
12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME: Samuel Harger
13b. MOTHER'S MAIDEN NAME: Margaret Cramer
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Lillie Harger ADDRESS: Adrian Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Possibly Coronary Sclerosis — 9 mo.

DUE TO (c)

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: 4301
20. AUTOPSY? YES ☐ NO ☐

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 0

22. *I hereby certify that I attended the deceased from* May 3, 1948, *to* Feb. 8, 1948, *that I last saw the deceased alive on* Feb. 8, 1949, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. Lee Robinson (Degree or title) M.D.
23b. ADDRESS: Adrian Mo.
23c. DATE SIGNED: 2-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 13, 49
24c. NAME OF CEMETERY OR CREMATORY: Hume Cemetery
24d. LOCATION (City, town, or county) (State): Hume, Missouri

DATE REC'D BY LOCAL REG.: Feb 12-1949
REGISTRAR'S SIGNATURE: Myra Owens
25. FUNERAL DIRECTOR'S SIGNATURE: Smith & Sif ADDRESS: Adrian Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-49-73
Date Filed 2-14-49

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.

Signed [illegible]

Signed .....
Student Embalmer

Licensed Embalmer No. 3650

P. O. Address Adrian Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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