

S. No. 300
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FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9022

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY LAWRENCE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora MO		55	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital				d. STREET ADDRESS (If rural, give location) 502 McMETT AVE			
3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) EUGENE c. (Last) HARTER			4. DATE OF DEATH (Month) (Day) (Year) March 23 1949				
5. SEX M	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single	8. DATE OF BIRTH March 8 - 1942		9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY INVALID		11. BIRTHPLACE (State or foreign country) Lawrence Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. LAWRENCE	
13a. FATHER'S NAME Paul HARTER		13b. MOTHER'S MAIDEN NAME Ruth Harrison		14. NAME OF HUSBAND OR WIFE SINGLE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul HARTER Aurora 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) Sub-arachnoid Tumor? 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. 2377					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION not done				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)			
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 Mar 23, 1949, to Mar 23, 1949, that I last saw the deceased alive on Mar 23, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. McCallum M.D.				23b. ADDRESS 13 W. Olive St.		23c. DATE SIGNED Mar 25/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE March 24-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Aurora		24d. LOCATION (City, town, or county) (State) Aurora MO	
DATE REC'D BY LOCAL REG. Mar 24-49		REGISTRAR'S SIGNATURE Ora Mc Natt 157		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oscar L. Marsh Aurora Mo.			

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

RECEIVED

District Health Officer No. 6,

District File Number 449-423

Date Filed 4-6-49

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.....
Student Embalmer

Signed

Licensed Embalmer No. 5812

P. O. Address Quincy, MD

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.