

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25875

108
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>438 E. Pritchard St</u>		d. STREET ADDRESS (If rural give location) <u>438 East Pritchard</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Lee</u> c. (Last) <u>Harper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED. <u>Married</u> (Specify)	8. DATE OF BIRTH <u>January 1 1872</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>John Harper</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Elizabeth</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maggie E. Harper</u> ADDRESS <u>438 E. Pritchard Nevada Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial failure</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE <u>None</u>	
21a. 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 <u>June 28, 1949</u> , to <u>July 13, 1949</u> , that I last saw the deceased alive on <u>July 12, 1949</u> , and that death occurred at <u>L.I.S.P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W. W. Pearson M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>	
23c. DATE SIGNED <u>15 July 49</u>		24a. BURNAL, CREMATION, OR OTHER DISPOSITION (Specify) _____	
24b. DATE <u>July 16 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mass Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fernando H. ...</u> ADDRESS <u>Nevada, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 16, 1949</u>		REGISTRAR'S SIGNATURE <u>Nathaniel H. ...</u>	

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 649-869

Date Filed 7-19-49

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 _____

Francis J. Lewis

Student Embalmer No. 330

working under my personal supervision.

Student Francis J. Lewis

Student Embalmer

Signed _____

L. O. Feeny

Licensed Embalmer No. 176

P. O. Address Nevada 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.