

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34189

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>163</u>		PRIMARY REG. DIST. NO. <u>3031</u>		Registrar's No. <u>59</u>		
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>De Soto</u>) c. LENGTH OF STAY (In this place) <u>12 yrs</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>517 So. 2nd st. 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u> <u>50</u> d. STREET ADDRESS (If rural, give location) <u>517 So. 2nd st. 0</u> <u>2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Bell</u> c. (Last) <u>Harper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-2nd 49</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)		8. DATE OF BIRTH <u>Sept. 29th 1901</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress Susan Shane Mgr</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jefferson Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George Huskey</u>			13b. MOTHER'S MAIDEN NAME <u>Hattie Louhn</u>		14. NAME OF HUSBAND OR WIFE <u>Eugene Harper</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-22-7065</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Harper</u> ADDRESS <u>De Soto, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arterio-sclerosis</u> DUE TO (c) <u>no.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u> <u>13 years</u> <u>331X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>May 1937</u> to <u>2 NOV</u> , 1949, that I last saw the deceased alive on <u>1 NOV</u> , 1949, and that death occurred at <u>12:40 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Marie V. Harrison M.D.</u>				23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>3 NOV 49</u>		
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>Nov. 4th 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Park</u>		24d. LOCATION (City, town, or county) (State) <u>De Soto, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11/4/49</u>		REGISTRAR'S SIGNATURE <u>Marie Harrison</u> <u>146</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Joe Mothershead</u> ADDRESS <u>De Soto, Mo.</u>				

(Licensed Embalmer's Signature on Reverse Side)

RECEIVED NOV 8 1919
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

J. E. Mothershead

Licensed Embalmer No. 3531

P. O. Address *Dr. S. O. W.*

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

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