

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36681

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 34

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Christian</i>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <i>Mo.</i> b. COUNTY <i>Christian</i> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Ozark Mo.</i> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Ozark Mo. City</i>                                       |  |
| c. LENGTH OF STAY (in this place) <i>3 years</i>  |  | d. STREET ADDRESS (If rural, give location) <i>City</i>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Reynolds City</i>                                  |  |  |  |

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <i>Ray, Jr.</i> b. (Middle) <i>Harper</i> c. (Last) <i>Harper</i> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><i>Aug 17 - 1949</i> |  |  |
| 5. SEX <i>Male</i>  |  | 6. COLOR OF RACE <i>white</i>                   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i> |  |
| 8. DATE OF BIRTH <i>April 14 - 1869</i>   |  | 9. AGE (In years last birthday) <i>80 y</i>     |   | 10. IF UNDER 1 YEAR: Months   Days   Hours   Min.                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>           |  | 10b. KIND OF BUSINESS OR INDUSTRY <i>farmer</i> |   | 11. BIRTHPLACE (State or foreign country) <i>Missouri</i>            |  |
|   |  |   |   | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>                           |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <i>Tom Harper</i>  |  | 13b. MOTHER'S MAIDEN NAME <i>Jane Kerr</i> |  | 14. NAME OF HUSBAND OR WIFE <i>none</i>                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i> |  | 16. SOCIAL SECURITY NO. _____              |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><i>Leo Harper, Ozark Mo</i> |  |

|  |  |   |  |                                  |  |
|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*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> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  | <i>4:20</i>                      |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                                |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)<br><i>Ozark Christian Mo</i> |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) |  | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |                                  |  |   |  |
|---|--|----------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title)<br><i>T. B. Chaffin Coronary-3</i> |  | 23b. ADDRESS<br><i>Ozark Mo.</i> |  | 23c. DATE SIGNED<br><i>Aug 18-49</i>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>          |  | 24b. DATE<br><i>Aug. 19-49</i>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><i>Reveries Cemetery</i>              |  |
|   |  |                                  |  | 24d. LOCATION (City, town, or county) (State)<br><i>Christian County Mo</i> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG.<br><i>Nov 1-1949</i> |  | REGISTRAR'S SIGNATURE<br><i>Luella Leonard</i> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><i>T. B. Chaffin Ozark Mo</i> |  |
|---|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 15 1949  
District Health Office No. 6,  
District File Number 1149-1157  
Date Filed 11-15-49

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.

Student .....  
Student Embalmer

Signed T. B. Chaffin.....

Licensed Embalmer No. 2192.....

P. O. Address Ozark 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.