

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5606

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5863 Registrar's No. 4

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

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Couch	c. LENGTH OF STAY (in this place) 76 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Couch	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle) HARPER	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 2 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July-25-1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 7	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Many Spring, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Davidson Lence	13b. MOTHER'S MAIDEN NAME Susa Denton	14. NAME OF HUSBAND OR WIFE John Harper
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME John Harper	ADDRESS Couch, Missouri
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4331
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Remembr F. bullock 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 1950, to Jan. 1950, that I last saw the deceased alive on Jan. 1950, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Cooper M.D.	23b. ADDRESS Thayer	23c. DATE SIGNED 2-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 5, 1950	24c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery	24d. LOCATION (City, town, or county) (State) Couch Missouri
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DATE REC'D BY LOCAL REG. Feb 19-50	REGISTRAR'S SIGNATURE Ella Coase 416	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CARTER FUNERAL HOME THAYER, MO.
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Cooper

RECEIVED 2/23/50
District Health Officer No. 8,
District File Number 250133
Date Filed 2/24/50

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 Embalmer No.....

Signed.....

Richard Carter

Signed.....
Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Thru my

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.