

FILED APR 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 12732

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5525 Registrar's No. 13

430  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Quincy - Montgomery</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Quincy - Rural - Montgomery</u>	
c. LENGTH OF STAY (In this place) <u>48 years</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles west of Quincy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 miles of Quincy</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Harrop</u> c. (Last) <u>Harrop</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 - 1950</u>		
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2 Aug - 31 - 1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Painter Bonepart</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Joseph Harrop</u>		13b. MOTHER'S MAIDEN NAME <u>Juliana</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvia Harrop - Deceased</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glen Harrop - Quincy, Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot through Right Temporal immediately</u>						<u>2976X</u>	
		ANTECEDENT CAUSES							
		Morbidity 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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hickory Missouri</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 4, 1950 7:00 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self-inflicted with</u>	
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 7:00 p.m., and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. E. Duggins, D.O. 3rd Coroner</u>		23b. ADDRESS <u>Whiteland, Mo</u>		23c. DATE SIGNED <u>4-10-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 6 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Butcher Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Whiteland, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>April 11 - 50</u>		REGISTRAR'S SIGNATURE <u>W. D. Hargiss</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Silbert Hathaway - Whiteland, Mo</u>	
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RECEIVED  
District Health Officer No. 7,  
District File Number 3-50-295  
Date Filed 4-18-50

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 Chas. Gilbert Hathaway

Signed.....  
Student Embalmer

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.