

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21138

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3552 Registrar's No. 221

804

1. PLACE OF DEATH  
a. COUNTY Pettis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia  
c. LENGTH OF STAY (In this place) 20 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 W. Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo  
b. COUNTY Pettis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia  
d. STREET ADDRESS (If rural, give location) 104 W. Jefferson

3. NAME OF DECEASED (Type or Print)  
a. (First) Bettie  
b. (Middle) \_\_\_\_\_  
c. (Last) Harker

4. DATE OF DEATH (Month) (Day) (Year)  
June 9 1950

5. SEX Female  
6. COLOR OR RACE Negro  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH 1-16-1899  
9. AGE (In years last birthday) 51  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 6 WEEKS: 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 Self  
11. BIRTHPLACE (State or foreign country) Saline Co Mo  
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Emory Jones  
13b. MOTHER'S MAIDEN NAME Jones  
14. NAME OF HUSBAND OR WIFE Raymond Harker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_  
16. SOCIAL SECURITY NO. 491-323783  
17. INFORMANT'S SIGNATURE OR NAME Raymond Harker ADDRESS 707 W. Pettis Sedalia

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* Double Lobar Pneumonia about 1 day  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Card about 5 days  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS arteriosclerosis 10 months  
Conditions contributing to the death but not related to the disease or condition causing death. one stroke affecting the right side occurred approx. 1949

19a. DATE OF OPERATION \_\_\_\_\_  
19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
20. AUTOPSY? YES  NO

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)  
Sedalia Pettis MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? inclusion

22. I hereby certify that I attended the deceased from July, 1949, to June 9, 1950, that I last saw the deceased alive on June 6, 1950, and that death occurred at 10:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Bess, M.D.  
23b. ADDRESS Sedalia Mo.  
23c. DATE SIGNED 6-10-1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE 6-13-50  
24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex  
24d. LOCATION (City, town, or county) (State) Sedalia Pettis Mo

DATE REC'D BY LOCAL REG. 6-12/1950  
REGISTRAR'S SIGNATURE A. Campbell  
FUNERAL DIRECTOR'S SIGNATURE W. D. Ferguson ADDRESS Sedalia Mo

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

RECEIVED JUN 19

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7/6/50

MAR 4 1950

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Delphia

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.