

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 101

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3000 Registrar's No. 2

1. PLACE OF DEATH
 a. COUNTY Bates
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler
 c. LENGTH OF STAY (in this place) Life
 d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Bates
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Charlotte Twp
 d. STREET ADDRESS (If rural, give location) R.F. D. Amoret

3. NAME OF DECEASED (Type or Print)
 a. (First) Lillian b. (Middle) Edna c. (Last) Harper
 4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 8. DATE OF BIRTH 4-7-1873 9. AGE (In years last birthday) 77 8 26 8 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Pleasant Hill 13b. MOTHER'S MAIDEN NAME Anna Howell 14. NAME OF HUSBAND OR WIFE Thaddeus Harper

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. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rollin Harper - Virginia, Mo.

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* (a) Bronchial pneumonia 2 days.
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis 2 yrs.
 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 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) _____

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

22. I hereby certify that I attended the deceased from 12-26-50 1951 to Jan. 3, 1951, that I last saw the deceased alive on Jan 3, 1951, and that death occurred at 10:22 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. S. Lottman, M.D. 23b. ADDRESS Butler, Mo 23c. DATE SIGNED 1-4-51

24a. BURIAL, CREMATION REMOVAL (Specify) Burial 24b. DATE 1-6-1951 24c. NAME OF CEMETERY OR CREMATORY Virginia Cemetery 24d. LOCATION (City, town, or county) (State) Bates Co, Missouri

DATE REC'D BY LOCAL REG. Jan 5 - 1951 REGISTRAR'S SIGNATURE Randal Harvey 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John D. Underwood Butler, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-9-51

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 Robert S. Steinbeck

Signed.....
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Bethesda, 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.