

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9711

FILED MAR 21 1951

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6040</u>		Registrar's No. <u>190</u>			
1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deniphan R# 4</u>		c. LENGTH OF STAY (in this place) <u>28 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deniphan R# Poynter Twp</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>			b. (Middle) <u>ALLEN</u>		c. (Last) <u>HARPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-7-1951</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>11-12-1873</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>25</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>LEWISVILLE, ILLINOIS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JOSEPH FRANCIS HARPER</u>			13b. MOTHER'S MAIDEN NAME <u>LUCEY WILLIAMS</u>			14. NAME OF HUSBAND OR WIFE <u>MRS ELSIE HARPER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS ELSIE HARPER, Deniphan, Missouri, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Enlargement prostate</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>177 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1951-1-5</u>						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)					
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 <u>1-1-1951</u> , to <u>9-7-1951</u> , that I last saw the deceased alive on <u>2-6-51</u> , 1951, and that death occurred at <u>2:40 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. E. W. Edwards</u>				23b. ADDRESS <u>Deniphan, Mo.</u>			23c. DATE SIGNED <u>2-9-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NELSON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLAY COUNTY ARK.</u>			
DATE REC'D BY LOCAL REG. <u>2-9-51</u>		REGISTRAR'S SIGNATURE <u>E. W. Johnston</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>H. W. Edwards, (Deniphan), Mo.</u>				

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

0910

RECEIVED

MAR 19 1951

DISTRICT HEALTH OFFICE No. 6

File No.

8781

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.....

2-7-1951

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ben B. Luchel*

Licensed Embalmer No. *3475*

P. O. Address *Daniphan, 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.