

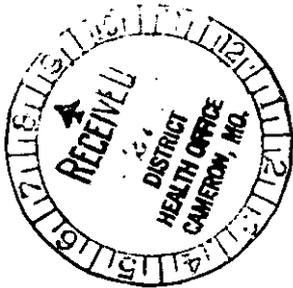
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 31 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4009</u>		Registrar's No. <u>59</u>		
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Pierre S.D. DAKOTA</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>SAVANNAH</u>		c. LENGTH OF STAY (In this place) <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pierre S.D. DAKOTA</u>		d. STREET ADDRESS (If rural, give location) <u>845</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. Nicholas SANATORIUM</u>				d. STREET ADDRESS (If rural, give location) <u>845</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>		b. (Middle) <u>Ruth</u>		c. (Last) <u>HARPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-18-1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Feb 16-1873</u>		9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR <u>6</u>	# UNDER 1 MIN. <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Vance</u>			13b. MOTHER'S MAIDEN NAME <u>MARY West</u>		14. NAME OF HUSBAND OR WIFE <u>P</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. <u>224</u>		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Mrs DASH HARMON PIERRE S. D.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia left upper</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial insufficiency</u> DUE TO (c) <u>Diabetes mel.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer Rh. Brush.</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>7-31-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer Right Breast.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>490XH</u>				
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>July 31, 1951</u> , to <u>Aug 18, 1951</u> , that I last saw the deceased alive on <u>Aug 18, 1951</u> , and that death occurred at <u>11 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>B. G. Simpson M.D.</u>				23b. ADDRESS <u>Savannah Mo.</u>		23c. DATE SIGNED <u>8-18-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-19-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pierre S. P.</u>		24d. LOCATION (City, town, or county) (State) <u>Pierre S.D. DAKOTA</u>			
DATE REC'D BY LOCAL REG. <u>8-21-51</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home SAVANNAH Mo</u>				



OCT 24 1951
OCT 23 1951

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 *E. C. Breit*

Licensed Embalmer No. *2630*

P. O. Address *Loveland, N.C.*

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.