

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26410**

FILED AUG 21 1951

BIRTH NO. _____		REG. DIST. NO. 68	PRIMARY REG. DIST. NO. 5266	Registrar's No. 25
1. PLACE OF DEATH a. COUNTY Christian Co 0220		2. USUAL RESIDENCE, (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian Co		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Rural Finley 150ybs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo - RURAL FINLEY		
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Mo		d. STREET ADDRESS (If rural, give location) Ozark Mo 02208		
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) L c. (Last) Harper		4. DATE OF DEATH (Month) (Day) (Year) July 3, 1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 4, 1866	9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo O
12. CITIZEN OF WHAT COUNTRY? U S A				
13a. FATHER'S NAME Wm C Mason		13b. MOTHER'S MAIDEN NAME Catherine Fine		14. NAME OF HUSBAND OR WIFE James 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Harper, Ozark 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart in. Lower bowels Disrupted probably Const ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH about 19 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 153X
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 June 7, 1951 , to June 30, 1951 , that I last saw the deceased alive on June 30, 1951 , and that death occurred at 3:30 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) R. R. Farthing M.D.		23b. ADDRESS Ozark Mo		23c. DATE SIGNED 7-10-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 5, 1951		24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetry
24d. LOCATION (City, town, or county) (State) Christian Mo				
DATE REC'D BY LOCAL REG. July 30, 1951		REGISTRAR'S SIGNATURE 59 Loretta Leonard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

AUG 16

Dist. File

851-1505

Date Filed

8-19-52

JUL 27 1954

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.....
Student Embalmer

Signed

T. B. Chaffin

Licensed Embalmer No. *2192*

P. O. Address *Ozark, 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.