

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29579**

FILED SEP 22 1951

XC-755 44 17

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **279**

1. PLACE OF DEATH a. COUNTY BUPTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 1016	
b. CITY OR TOWN POPLAR BLUFF		c. CITY OR TOWN WINONA	
c. LENGTH OF STAY (in this place) 8 1/2 Hrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL			

3. NAME OF DECEASED (Type or Print) HARLEY	a. (First) J.	b. (Middle) ADIER	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 9, 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12/21/25	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR (Months) 10	IF UNDER 1 YEAR (Days) 18	IF UNDER 1 YEAR (Hours) _____	IF UNDER 1 YEAR (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE IRENE ADIER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME VA RECORDS	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) SUBARACHNOIDAL HEMORRHAGE, DIFFUSE, ACUTE		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	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 101	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Tavern	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) WINONA MISSOURI
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) SEPT. 7, 1951	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? In a Fist Fight
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22. I hereby certify that I attended the deceased from **Sept. 9, 1951**, to **Sept 9, 1951**, and that death occurred at **11:30Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph N. Ellis	CHIEF, (Degree or title) M. D. MEDICAL SERVICE	23b. ADDRESS VA HOSPITAL, POPLAR BLUFF MO.	23c. DATE SIGNED 9/10/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-10-51	24c. NAME OF CEMETERY OR CREMATORY Winona	24d. LOCATION (City, town, or county) (State) Winona, Mo.
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DATE REC'D BY LOCAL REG. Sept. 10 1951	REGISTRAR'S SIGNATURE Wm. H. Johnson 428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

No. 300 10.48 # 24 6 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

SEP 18 1951

BUTLER CO. HEALTH CENTER

FILE No. 45-1-415-

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

Wallace M. Fitch

Licensed Embalmer No. 3859

P. O. Address

Poplar Bluff 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.