

710 FEB 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2495

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>3060</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY ST FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST FRANCOIS			
b. CITY (If outside corporate limits, write RURAL and give town) FARMINGTON		c. LENGTH OF STAY (In this place) STAY		c. CITY (If outside corporate limits, write RURAL and give township) FARMINGTON		8941	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) JULIA			b. (Middle) N		c. (Last) HARTER		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 31 1952
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb 13 1883	
9. AGE (In years, month, day, hour, min.) 68 11 18		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Ste. Genevieve County, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRANK JOGGERST		13b. MOTHER'S MAIDEN NAME LOUISE STAAB		14. NAME OF HUSBAND OR WIFE ANDREW HARTER	
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 ANDREW HARTER FARMINGTON 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of Gall Bladder 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 2 years 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of left T of breast				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X			
22. I hereby certify that I attended the deceased from Dec 20, 1951 , to Jan. 31, 1952 , that I last saw the deceased alive on Jan. 31, 1952 , and that death occurred at 7:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. L. L. Watkins Sr. M.D.				(Degree or title)		23b. ADDRESS Farmington, Mo.	
23c. DATE SIGNED Feb. 2, 1952		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE BURIAL FEB 2 1951		24c. NAME OF CEMETERY OR CREMATORY NEW CALVARY	
24d. LOCATION (City, town, or county) (State) FARMINGTON MO		DATE REC'D BY LOCAL REG. Feb. 2, 1952		REGISTRAR'S SIGNATURE Eather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE C.H. COZEAN FARMINGTON, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington, Me

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.