

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

86

FILED APR 7 1952

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. _____

742
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Maryville	
c. LENGTH OF STAY (in this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 608 College Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) ROBERT	c. (Last) HARPER	4. DATE OF DEATH (Month) (Day) (Year) 3 28 52
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/5/58	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister-retired	10b. KIND OF BUSINESS OR INDUSTRY Methodist Church	11. BIRTHPLACE (State or foreign country) Mt. Carmel, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William W. Harper	13b. MOTHER'S MAIDEN NAME Rachael Calverley	14. NAME OF HUSBAND OR WIFE Isabelle Haupt Harper
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. W. Hake, Maryville, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pericarditis		
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 491X	20. AUTOPSY? YES <input 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Mar 15** 19**52** to **Mar. 28**, 19**52**, that I last saw the deceased alive on **Mar 25**, 19**52**, and that death occurred at **10:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. P. Jones (Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED Mar 29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/30/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24d. LOCATION (City, town, or county) (State) Mt. Carmel, Illinois
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DATE REC'D BY LOCAL REG. 4-5-52	REGISTRAR'S SIGNATURE Bess Bolt	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home	ADDRESS Maryville, Mo.
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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 *John W. Price* _____

Licensed Embalmer No. *4281* _____

P. O. Address *Maryville 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.