

1804
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BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY OR TOWN <u>Sedalia Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY OR TOWN <u>Sedalia</u> <u>0804</u>	
c. LENGTH OF STAY (In this place) <u>7 mo</u>		d. STREET ADDRESS (If rural, give location) <u>1503 - S. Mo. St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) _____ c. (Last) <u>Harter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar - 12 - 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct - 9 - 1972</u>
9. AGE (In years last birthday) <u>79</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>Houstonia Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jonathan Harter</u>		13b. MOTHER'S MAIDEN NAME <u>Jessann Miller</u>	
14. NAME OF HUSBAND OR WIFE <u>Kennor L. Harter</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Kennor L. Harter</u> ADDRESS <u>Sedalia mo</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>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2.8 hrs.</u> 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. <u>Over exertion</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) _____	
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? _____		22. I hereby certify that I attended the deceased from <u>Mar. 11, 1952</u> , to <u>Mar 12, 1952</u> , that I last saw the deceased alive on <u>Mar 12, 1952</u> , and that death occurred at <u>8:15 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H. Willbur</u> (Degree or title) <u>DD.</u>		23b. ADDRESS <u>Idempity Bldg. Sedalia Mo</u>	
23c. DATE SIGNED <u>4/5/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar 24 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Houstonia</u>	
24d. LOCATION (City, town, or county) (State) <u>Houstonia Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Lida Westbrook</u> ADDRESS <u>Houstonia</u>	
DATE REC'D BY LOCAL REG. <u>Mar 24 - 52</u>		REGISTRAR'S SIGNATURE <u>H. Campbell</u>	

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(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 *H. W. Smiley*

Licensed Embalmer No. *3987*

P. O. Address *Houston, Tex.*

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.