

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12444**
Registrar's No. **14**

FILED MAY 13 1952

BIRTH NO. _____ REG. DIST. NO. **84** PRIMARY REG. DIST. NO. **5319**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Junction 135		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Otterville	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Rural (west of Otterville)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If none, give name of institution, street address or location) Otterville Sup.			

3. NAME OF DECEASED a. (First) EDWARD b. (Middle) WARREN c. (Last) HARPER			4. DATE OF DEATH (Month) (Day) (Year) April 30, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 9, 1921		9. AGE (In years last birthday) 31		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work or place during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Mo-Pac R.R. Shops		11. BIRTHPLACE (State or foreign country) Pittsburg, Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Ernest Harper		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Allene Hershey Harper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Allene Harper, Otterville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Skull		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) Violence DUE TO (c) Accident F818C			30	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) State Hwy 50		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Otterville Cooper Mo	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 30 1952 1:30 P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? was riding horse + was struck by transport truck	
22. I hereby certify that I attended the deceased from alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					

23a. SIGNATURE M. H. Deschraeger M.D.		(Degree or title)		23b. ADDRESS Chowan Bronnall Mo		23c. DATE SIGNED 5/2/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/3/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	

DATE REC'D BY LOCAL REG. 5/3/52		REGISTRAR'S SIGNATURE Helene Mullett		73		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS W. H. ... Sedalia, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

270
3

MAR 30 1955

FEB 9 1956

WEST E. I. AREA

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.....

P. E. Baker

Signed.....
Student Embalmer

Licensed Embalmer No. *2419*

P. O. Address *Sedalia 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.