

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

State File No. 27377

SEP 9 - 1952

0150

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

BIRTH NO.		REG. DIST. NO. <u>50</u>	PRIMARY REG. DIST. NO. <u>4071</u>	Registrar's No. <u>24</u>
1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>		
b. CITY (If outside corporate limits, give town) <u>Camden</u>		c. CITY (If outside corporate limits, with RURAL, give township) <u>Camden 0150</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>General</u>		
3. NAME OF DECEASED a. (First) <u>Alfred</u> b. (Middle) <u>Allison</u> c. (Last) <u>Harper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 3 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>whx</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 28 - 1881</u>	
9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.
10. USUAL OCCUPATION (Give kind of work) <u>Pattern Maker, Capote</u>		11. KIND OF BUSINESS OR INDUSTRY <u>Griffith Wood Co New Brunswick Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Fredrick Harper</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Bain</u>		13c. NAME OF HUSBAND OR WIFE <u>Lillianum Trepp</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no - (in Canadian Service)</u>		16. SOCIAL SECURITY NO. <u>510-05-9940A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lillian Harper</u> ADDRESS <u>Camden 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Valvular Heart</u>		
		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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4214</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>May</u> , 19 <u>52</u> , to <u>Sept</u> , 19 <u>52</u> that I last saw the deceased alive on <u>Sept 3</u> , 19 <u>52</u> , and that death occurred at <u>11:45 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>E. J. Plumbom M.D.</u> (Degree or title)		23b. ADDRESS <u>Camden Mo.</u>		23c. DATE SIGNED <u>9-5-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sep 5 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roach</u>
24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen - Wasley</u> ADDRESS <u>Camden Mo</u>		
DATE REC'D BY LOCAL REG <u>Sept. 5 - 1952</u>		REGISTRAR'S SIGNATURE <u>Zilpha Draw 42-0</u>		

SEP 18 1955

**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 Abbie Banksowell Colery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.