

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27443

1910
LEU AUG 20 1952

REG. DIST. NO. 59

PRIMARY REG. DIST. NO. 4097

Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville	c. LENGTH OF STAY (In this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harrisonville Memorial Hosp		d. STREET ADDRESS (If rural, give location) 921 Main	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Gail c. (Last) HARKER			4. DATE OF DEATH (Month) (Day) (Year) 8 7 52		
5. SEX M	6. COLOR OR RACE Cau	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-21-73	9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months Days IF UNDER 1 WKS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Piano tuner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Moosehart, Indiana	
13a. FATHER'S NAME Isaah Harker			13b. MOTHER'S MAIDEN NAME Hannah Chaney		14. NAME OF HUSBAND OR WIFE Mildred Harker, Belton, Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (unknown)) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Harker, Belton, Mo	
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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		INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSES, RIGHT, EXTENSIVE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, GENERALIZED 10 YRS. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		PULMONARY EMPHYSEMA AND BRONCHIECTASIS, CHRONIC 15+ YRS.	

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) HARRISONVILLE, CASS, MISSOURI
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? NONE

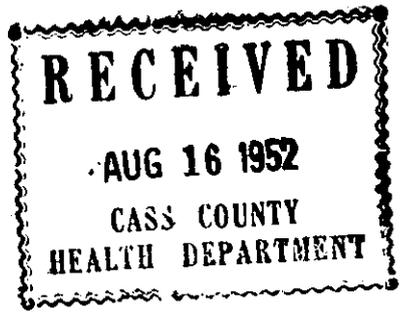
22. I hereby certify that I attended the deceased from **JAN. 15, 1946**, to **AUG. 7, 1952**, that I last saw the deceased alive on **AUG. 6, 1952**, and that death occurred at **10:55 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert A. Tracy, M.D.	23b. ADDRESS BELTON, Mo.	23c. DATE SIGNED 8-8-1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-10-52	24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	24d. LOCATION (City, town, or county) (State) Belton Mo.
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DATE REC'D BY LOCAL REG. Aug 11 1952	REGISTRAR'S SIGNATURE Nora Barman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. K. George & Sons, Belton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



DEC 16 1958

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Beeton, 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.