

FILED SEP 3-1952

STANDARD CERTIFICATE OF DEATH

28516 State File No. Registrar's No. Year of

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3878

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Joplin Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Joplin Township	
c. LENGTH OF STAY (In this place) 47 yrs		d. STREET ADDRESS Rt # 4 Carthage, Missouri (Atlas Community)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt # 4 Carthage, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) NOAH	b. (Middle) ELMER	c. (Last) HARPER	4. DATE OF DEATH (Month) (Day) (Year) August 23, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 14, 1884	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	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) Retired Mine Black	10b. KIND OF BUSINESS OR INDUSTRY Zinc Mining	11. BIRTHPLACE (State or foreign country) Crawford Co, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Harper	13b. MOTHER'S MAIDEN NAME Margaret Clontz	14. NAME OF HUSBAND OR WIFE Nancy Ann Harper
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 512-03-0612	17. INFORMANT'S SIGNATURE OR NAME Nancy Ann Harper	ADDRESS Rt 4 Carthage, Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None		
	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"/>
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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 10-18, 1951, to 8-23, 1952, that I last saw the deceased alive on 8-23, 1952, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS 321 Frisco Bldg., Joplin, Mo.	23c. DATE SIGNED 8-26-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 26, 1952	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery Joplin, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 8-26-'52	REGISTRAR'S SIGNATURE Mrs. Madeline Suter	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-2-52
Jasper County Health Office

County File Number 52/9/675

Date Filed 9-2-52

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 Gray Lewis

Licensed Embalmer No. 4495

P. O. Address Webb City 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.