

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove 1141</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harold</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Archer</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Sep 7, 1952</u>

5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec 17, 1894</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u>	IF UNDER 24 HRS Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>grocer</u>	<u>grocer</u>	<u>Mtn Grove, MO</u>	<u>U.S.</u>

13a. FATHER'S NAME <u>James B. Archer</u>	13b. MOTHER'S MAIDEN NAME <u>Arizona Prophet</u>	14. NAME OF HUSBAND OR WIFE <u>Eva Archer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>30</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eva Archer</u>	ADDRESS <u>Mtn Grove, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>4201</u>

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) (Min)	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 Sept 1, 1952, to Sept 7, 1952, that I last saw the deceased alive on Sept 6, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Seldon W. Chamberland, M.D.</u>	23b. ADDRESS <u>Maumbertown, MO</u>	23c. DATE SIGNED <u>9-9-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 10, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest</u>	24d. LOCATION (City, town, or county) (State) <u>Mtn Grove, MO</u>
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DATE REC'D BY LOCAL REG. <u>9-11-52</u>	REGISTRAR'S SIGNATURE <u>A.B. Ames</u>	348-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stable, Winkle</u>	ADDRESS <u>Mtn Grove, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1141

ACCEPTED SEP 15 1952  
WRIGHT CO. HEALTH DEPT.  
County File Number 922-112  
Date Filed 9-20-52

**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 *Frank Grable*

Licensed Embalmer No. *4140*

P. O. Address *Wata Grou, 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.