

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34164

State File No.

NOV 12 1952

BIRTH NO. _____ REG. DIST. NO. 4160 PRIMARY REG. DIST. NO. 5075 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Town Rural Golden City Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Town Rural Golden City Twp.</u> <u>0060</u>	
c. LENGTH OF STAY (in this place) <u>33 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 Mi. N.W. Golden City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>HARPER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1952</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 4, 1871</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR <u>81</u> Months <u>28</u> Days <u>0</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Humansville, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Edward Harper</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia Garrison</u>	14. NAME OF HUSBAND OR WIFE <u>Lena Harper</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ralph McArthur, Golden City, Mo.</u>	ADDRESS <u>Golden City, 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, asthma, 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>Left Ventricular failure.</u>		<u>1 week</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anterior infarction of Vent.</u>		<u>1 week</u>	
DUE TO (c) <u>Hypostatic pneumonia.</u>		<u>3 weeks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured hip (left).</u>		<u>4 weeks</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201 F</u>	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) (Min.)	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 June, 1948, to Nov. 2, 1952 that I last saw the deceased alive on Nov. 2, 1952, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kenneth A. Carlson M.D.</u>	(Degree or title)	23b. ADDRESS <u>Golden City, Mo.</u>	23c. DATE SIGNED <u>11-5-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robberson Prairie Cen. Greene Co., Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Nov. 5, 1952</u>	REGISTRAR'S SIGNATURE <u>Hazel St. Pugh</u> <u>15</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Phillips Funeral Home</u>	ADDRESS <u>Golden City, Mo.</u>
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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..... *H. P. Hughes*

Licensed Embalmer No. *3278*

P. O. Address *Golden 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.