

**STANDARD CERTIFICATE OF DEATH**

State File No. **37826**

S. No. 300  
EV. 10.48

1124  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**FILED DEC 4 1952** BIRTH NO. 30606 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3867 Registrar's No. 514

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Butler</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> c. LENGTH OF STAY (if this place) <u>24hrs.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u> <u>072-0</u> d. STREET ADDRESS (If rural, give location) <u>Rte.1</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>RICKEY</u> b. (Middle) <u>LYNN</u> c. (Last) <u>HARPER</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>NOV. 23 1952</u>	

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Infant</u>	<b>8. DATE OF BIRTH</b> <u>May 23, 1952</u>	<b>9. AGE</b> (in years last birthday) IF UNDER 1 YEAR: Months <u>6</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Infant</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Gideon, Missouri</u>
<b>13a. FATHER'S NAME</b> <u>Janes Arthur Harper</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Virgie Payne</u>	

<b>14. NAME OF HUSBAND OR WIFE</b> -----			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Janes Arthur Harper</u> <u>Gideon, Mo. R.1</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Meningitis - spinal</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Meningococcus</u> DUE TO (c) <u>cryptid Spinal Meningitis</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS.</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Spinal fluid same with</u>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>0570</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from Apr 22, 1952, to Nov 23, 1952, that I last saw the deceased alive on Apr 23, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>W. W. McInerney M.D.</u>	<b>23b. ADDRESS</b> <u>Poplar Bluff, Mo.</u>	<b>23c. DATE SIGNED</b> <u>11-26-52</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Nov. 24, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Gilead Cemetery</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Clarkton, Mo. Rte. 1</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>11-26-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Wm. H. Johnson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Landess Funeral Home Campbell, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
DEC 2 1952

BUTLER CO. HEALTH CENTER

FILE No. 1252-560

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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 Not Embalmed .....

Licensed Embalmer No. ....

P. O. Address .....

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.