

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1053**

FILED FEB 1 1953

BIRTH NO. 7887 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place) <u>9 HRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>"RURAL" POLK 6220</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>Rt. #2, BILLINGS</u>		
3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>		a. (First)	b. (Middle)	c. (Last) <u>HARTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 29-1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN. 28-1953</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u>
IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 12 HRS. Hours <u>9</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD, MISSOURI</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>JAMES HARTER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ALICE MARKEY</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
---	---	--

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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JAMES HARTER, Rt. 2, BILLINGS MO.</u>	ADDRESS
---	--	---	---------

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fetal atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Neurological immaturity</u> DUE TO (c) <u>Premature birth</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7625</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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)	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 1-28, 1953, to 1-29, 1953, that I last saw the deceased alive on 1-29, 1953, and that death occurred at 2:40 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>David D. Thomason M.D.</u>	(Degree or title)	23b. ADDRESS <u>1630 N. Jefferson</u>	23c. DATE SIGNED <u>1-29-53</u>
---	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 30-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S CATHOLIC</u>	24d. LOCATION (City, town, or county) (State) <u>BILLINGS, MISSOURI</u>
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-31-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dea Harris</u>	ADDRESS <u>Clave Mo.</u>
--	--	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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

John Dean Harris

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, 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.