

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17369

State File No. \_\_\_\_\_

BIRTH NO. JUN 2 1953 REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5272 Registrar's No. 8

0220  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</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) OR TOWN <u>"RURAL" POLK</u>		c. LENGTH OF STAY (in this place) <u>4 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" POLK</u>		<u>0720</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>ROUTE #2, BILLINGS</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>STEPHEN</u> b. (Middle) <u>PALL</u> c. (Last) <u>HARTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21-1953</u>		
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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>MAY 18-1949</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>3</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) <u>ST. VINCENTS HOSPITAL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
			<u>MONETT, MISSOURI</u>		

13a. FATHER'S NAME <u>RAYMOND HARTER</u>		13b. MOTHER'S MAIDEN NAME <u>LURA HICKS</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LURA HARTER, RT.#2, BILLINGS, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE MYOCARDIAL FAILURE</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>HEART DEFECT (CONGENITAL)</u>				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS <u>Had Been operated For Patent Ductus Arteriosus</u>				
	Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>7541</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) _____	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 May, 1949, to May, 1953, that I last saw the deceased alive on DEC 1, 1952, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Karl J. Leidinger Jr. M.D.</u>		23b. ADDRESS <u>Republic, Mo.</u>		23c. DATE SIGNED <u>5-26-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 23-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S CATHOLIC</u>	24d. LOCATION (City, town, or county) (State) <u>BILLINGS, MISSOURI</u>		
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DATE REC'D BY LOCAL REG. <u>May 30, 1953</u>	REGISTRAR'S SIGNATURE <u>Alline Dier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Dean Harris Claver, 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 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.