

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23734

FILED JUL 1 - 1953

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4250		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY OR TOWN <u>Sheridan Mo</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY OR TOWN <u>Sheridan Mo</u>		d. STREET ADDRESS (If rural, give location) <u>no street Address</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>no street Address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Keith</u>		b. (Middle) <u>n</u>		c. (Last) <u>Harker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 18-1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 6-1882</u>	
9. AGE (in years last birthday) <u>71</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>12</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Attendale Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vetinary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Vetinary</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Attendale Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Thomas Harker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Neal</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Harker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alma Harker Sheridan Mo</u> ADDRESS <u>Sheridan Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>		4201	
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) _____		21f. HOW DID INJURY OCCUR? _____	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>June 16, 1953</u> , and that death occurred at <u>2A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank B. Matterson MD</u>				23b. ADDRESS <u>Grant City, Mo</u>		23c. DATE SIGNED <u>6-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Attendale Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 27-1953</u>		REGISTRAR'S SIGNATURE <u>Keta E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u>		ADDRESS <u>Grant City 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.....

John Andrews
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed.....

John Andrews

Licensed Embalmer No. *4211*

P. O. Address *Great City Ma*

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.