

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-68
650

FILED JUL 29 1953

210

4322

452

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Princeton, Mo		c. CITY (If outside corporate limits, write RURAL and give township) St Louis, Mo	
c. LENGTH OF STAY (If hospital) 2 days		d. STREET ADDRESS (If rural, give location) 2009 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) James Clifford Harper b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 7-24-53		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, ² WIDOWED, ² WIDOWED (Specify)	8. DATE OF BIRTH 5-16-1885	9. AGE (In years, Last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mercer Co, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Harper	13b. MOTHER'S MAIDEN NAME Sarah Alice Gegory	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If no, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Roy Harper	ADDRESS Newtown, Mo
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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 8 yrs 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 002X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. P. Pritchett MD - corner Princeton	23b. ADDRESS	23c. DATE SIGNED 7-26-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-26-53	24c. NAME OF CEMETERY OR CREMATORY Newtown	24d. LOCATION (City, town, or county) (State) Newtown, Mo
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DATE REC'D BY LOCAL REG. 7-27-53	REGISTRAR'S SIGNATURE Chas. Moss	25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss	ADDRESS Princeton, Mo
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Abel Mary

Licensed Embalmer No. 2634

P. O. Address Juncos, N.Y.

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.