

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28988

State File No.

FILED AUG 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R.#3 HICKMAN MILLS</u>		c. LENGTH OF STAY (In this place) <u>7 YEARS</u>		c. CITY OR TOWN <u>HICKMAN MILLS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9100 Raytown Road</u>				e. STREET ADDRESS (If rural, give location) <u>9100 Raytown Road . R.R.#3</u> <u>7000</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Almon</u> c. (Last) <u>Harger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 17, 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>Dec. 22, 1884</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rafiner Elev. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Decatur Co. Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Harger</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bogue</u>		14. NAME OF HUSBAND OR WIFE <u>Valeska C. Harger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>1902 486-05-5621</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Valeska C. Harger - 9100 Raytown Rd;</u> <u>R.R.#3 HICKMAN MILLS</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chc. Auricular fibrillation</u> DUE TO (c) <u>Myocardial disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 m</u> <u>3 y - 0</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				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) (Min.)	
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 <u>Jan</u> , 19 <u>50</u> , to <u>Aug 17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug 17</u> , 19 <u>53</u> , and that death occurred at <u>10:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>McEubank</u>				23b. ADDRESS <u>Raytown, Mo</u>		23c. DATE SIGNED <u>8-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 20, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>FORT LEAVENWORTH KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>Aug 19-53</u>		REGISTRAR'S SIGNATURE <u>Dr. Anna E. Stedger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. H. Newcomer's Sons</u>		ADDRESS <u>1331-BRUSH CREEK KANSAS CITY, MO.</u>	

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

JAN 13 1954

AUG 28 1954

JAN 22 1954

AUG 28

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 Signature of Student Embalmer

Signed *Herbert A. Jones*

Licensed Embalmer No. *4927*

P. O. Address *4125 Paseo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.