

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32500**

FILED ^{records} **SEP 28 1953**
BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5836** Registrar's No. **85**

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Neosho Route # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Neosho Route 2			
3. NAME OF DECEASED (Type or Print) a. (First) DENCIE b. (Middle) M. c. (Last) HARPSTRITE		4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 21, 1870
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Milford Junction, Ind.
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME U. Grant Stevens		13b. MOTHER'S MAIDEN NAME Anna Belle Bennett	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME W.W. Stevens		ADDRESS Neosho, Missouri	
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) Chronic Valvular Heart Disease ANTECEDENT CAUSES Morbidity 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"/>		4214	
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 Jan 1950 to Sept 16, 1953 , that I last saw the deceased alive on Sept 16, 1953 and that death occurred at 5:17 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. Reynolds M.D.		23b. ADDRESS Neosho Mo	
23c. DATE SIGNED 9-18-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-19-53	
24c. NAME OF CEMETERY OR CREMATORY Neosho L.O.O.F.		24d. LOCATION (City, town, or county) (State) Neosho, Missouri	
DATE REC'D BY LOCAL REG. 9-23-53		REGISTRAR'S SIGNATURE Melvin C. Bowman MD	
25. FUNERAL DIRECTOR'S SIGNATURE Corley Thompson		ADDRESS Neosho, Mo.	

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 953-180
Date Filed SEP 25 1953

NEOSHO, MISSOURI

Oct 22 1953

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 Ray L. Adams
Licensed Embalmer No. 4928
P. O. Address _____

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.