

**STANDARD CERTIFICATE OF DEATH**

State File No. **36523**  
 Registrar's No. **382**

BIRTH NO. **71794** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Marion</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>1224 LYONS Hwy</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1224 LYONS HWY 0</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>LEWIS</b> c. (Last) <b>HARPOLE, Jr.</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Oct. 24, 1953</b>		
<b>5. SEX</b> <b>male</b>		<b>6. COLOR OR RACE</b> <b>white</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>never married</b>	
<b>8. DATE OF BIRTH</b> <b>Oct. 24, 1953</b>			<b>9. AGE</b> (In years last birthday) <b>1</b> <b>19</b> Months <b>0</b> Days <b>1</b>		<b>IF UNDER 1 YEAR</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Hannibal, Missouri</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>					

<b>13a. FATHER'S NAME</b> <b>Chas. Lewis Harpole</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Shirley Scherz</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>----</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Chas. Harpole, Hannibal, Mo.</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary atelectasis</b>		DUE TO (b) <b>Premature birth</b>			<b>1 1/2 hrs</b>	
<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) <b>Premature separation of placenta</b>			<b>24 hrs</b>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>7625</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>		

**22. I hereby certify that I attended the deceased from 10-24, 1953, to 10-24, 1953, that I last saw the deceased alive on 10-24, 1953, and that death occurred at 9:45a m., from the causes and on the date stated above.**

<b>23a. SIGNATURE.</b> <i>Theresa R. Birus, M.D.</i>		<b>23b. ADDRESS</b> <b>Hannibal, Missouri</b>		<b>23c. DATE SIGNED</b> <b>11-3-53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b> <b>10/27/53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Crescent Heights Cemetery, Pleasant Hill, Ill.</b>	
<b>24d. LOCATION</b> (City; town, or county) (State)		<b>25. GENERAL DIRECTOR'S SIGNATURE</b> ADDRESS <i>W.C. Fisher, Deputy Reg.</i> <b>Hannibal Mo</b>			

**DATE REC'D BY LOCAL REG.** **11/4/53** **REGISTRAR'S SIGNATURE** *W.C. Fisher* **GENERAL DIRECTOR'S SIGNATURE** *W.C. Fisher* **ADDRESS** **Hannibal Mo**  
 (Licensed Embalmer's Statement on Reverse Side) **1890** **LICENSE #2771**

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

RECEIVED NOV 9 1953  
MANION CO. HEALTH DEPT.  
DATE FILED NOV 9 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

*Jack Schwartz*

Licensed Embalmer No. 4900

P. O. Address Hennibal, 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.