

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39483

State File No. _____

FILED DEC 3 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>238</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>3 WKS</u>		c. CITY OR TOWN <u>Humansville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>809 E. Sixth St</u>				e. STREET ADDRESS (If rural, give location) <u>0840</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEXANDER</u>			b. (Middle)		c. (Last) <u>HARPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25-1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 15-1869</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>cleaning</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Paola, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Harpe r</u>		13b. MOTHER'S MAIDEN NAME <u>Mary ?</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Harper</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>49-18-5293</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mabel Motley, 809 E. 6th, Carthage, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular renal disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> 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"/>							
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 <u>Nov 18</u> , 1953, to <u>Nov 25</u> , 1953, that I last saw the deceased alive on <u>Nov 25</u> , 1953, and that death occurred at <u>5:58</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. Byrd MD</u>				23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>11-25-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-28-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Humansville, Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-26-53</u>	REGISTRAR'S SIGNATURE <u>Lloyd B. Clinton MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo</u>		ADDRESS		

(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED DEC 2 1953

Jasper County Health Office

County File Number 53-11-963

Date Filed DEC 2 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.....
Signature of Student Embalmer

Signed Robert H. Kneel

Licensed Embalmer No. 4459

P. O. Address Carthage

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.