

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9788**

FILED APR 5 1954

BIRTH NO.: _____ REG. DIST. NO. **309** PRIMARY REG. DIST. NO. **4050** Registrar's No. **3**

920

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Orchard Farm)		c. CITY (If outside corporate limits, write RURAL and give township) 8120/8 OR TOWN Rural Godfrey	
c. LENGTH OF STAY (in this place) 12 hrs.		d. STREET ADDRESS (If rural, give location) R.R. # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Charles, R.R. # 3			

3. NAME OF DECEASED (Type or Print) a. (First) Oscar	b. (Middle)	c. (Last) Harper	4. DATE OF DEATH (Month) (Day) (Year) March 28, 1954.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Dept.	10b. KIND OF BUSINESS OR INDUSTRY O-I-Glass Co.	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alex Harper	13b. MOTHER'S MAIDEN NAME Betty Poole	14. NAME OF HUSBAND OR WIFE NARCIE HARPER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 327-07-0230	17. INFORMANT'S SIGNATURE OR NAME Joe Harper ADDRESS Alton, Ill.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Several days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis general of Aorta		
	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"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **Nov 2, 1953** to **3/28/54**, 19**54**, that I last saw the deceased alive on **3/6/54**, 19**54**, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (If degree or title) Lafayette Young, M.D.	23b. ADDRESS 604 E. Bdwy. Alton Ill.	23c. DATE SIGNED 3-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 30, 1954	24c. NAME OF CEMETERY OR CREMATORY Valhalla Memorial Park	24d. LOCATION (City, town, or county) (State) Godfrey, Ill.
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DATE REC'D BY LOCAL REG. April 2 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Alton, Ill.
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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 Bernard H. Weber

Licensed Embalmer No. 3208

P. O. Address Edwardsville

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.