

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 168

1. PLACE OF DEATH
 a. COUNTY BOONE
 b. CITY OR TOWN COLUMBIA, MO.
 c. LENGTH OF STAY (in this place) 9 DAYS
 d. FULL NAME OF HOSPITAL OR INSTITUTION ELLIS FISHER STATE CANCER HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI b. COUNTY ST. CLAIR
 c. CITY OR TOWN OSCEOLA
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) Rt. # 1 0920

3. NAME OF DECEASED
 a. (First) JOHN b. (Middle) WESLEY c. (Last) HARPER
 4. DATE OF DEATH (Month) (Day) (Year) 6 14 54

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
 8. DATE OF BIRTH 12-30-68 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 5 Days 15 Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY GROCCER 11. BIRTHPLACE (City and State or Foreign Country) ST. CLAIR CO. MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE HARPER 13b. MOTHER'S MAIDEN NAME ELIZABETH M. MELTON 14. NAME OF HUSBAND OR WIFE WIDOWED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown 16. SOCIAL SECURITY NO. _____ 17. INFIRMANT'S SIGNATURE OR NAME HOSPITAL RECORDS ADDRESS _____

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute pyelonephritis - myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 1 mo.
 ANTECEDENT CAUSES DUE TO (b) Benign prostatic Hypertrophy 5 yrs.
 DUE TO (c) Sen. arteriosclerosis & arteriosclerotic heart disease
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6/4/54 ^{10:54} to 6/14, 1954, that I last saw the deceased alive on 8:30 am 6/14, 1954, and that death occurred at 2:40 P m., from the causes and on the date stated above.

23a. SIGNATURE John C. Helter (Degree or title) M.D. 23b. ADDRESS State Cancer Hospital - Columbia, Mo. 23c. DATE SIGNED 6/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6-16-54 24c. NAME OF CEMETERY OR CREMATORY Scorium Cemetery Scorium, Mo. 24d. LOCATION (City, town, or county) (State) _____

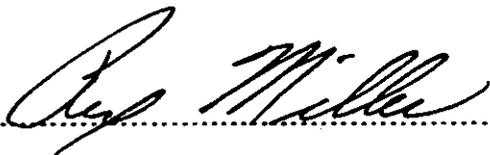
DATE REC'D BY LOCAL REG. June 14 1954 REGISTRAR'S SIGNATURE Mrs R.E. Palmer 312 25. FUNERAL DIRECTOR'S SIGNATURE F.B. Goodrich ADDRESS Osceola, Mo.

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

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 .....

Licensed Embalmer No. 449.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.