

FILED AUG 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23813
Registrar's No. 41

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5831

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 E. Franklin		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		0730
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			d. STREET ADDRESS (If rural, give location) Wheaton, Missouri		
3. NAME OF DECEASED (Type or Print) a. (First) Ova		b. (Middle) Clark	c. (Last) Harter	4. DATE OF DEATH (Month) (Day) (Year) July 13 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 13 1883	9. AGE (In years last birthday) 70	7 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Highland Co. Ohio		12. CITIZENRY OF WHAT COUNTRY? USA
13a. FATHER'S NAME S. A. Harter		13b. MOTHER'S MAIDEN NAME Mary Jarnogin		14. NAME OF HUSBAND OR WIFE Effie Harter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Effie Harter ADDRESS Wheaton, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rupture of intenal vessel DUE TO (c) Senile Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 1 2 yrs
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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1951, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 11:25 P. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) James L. Holmes D.O.			23b. ADDRESS Wheaton Mo		23c. DATE SIGNED 7/14/54
24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-16-54	24c. NAME OF CEMETERY OR CREMATORY Dice Cemetery	24d. LOCATION (City, town, or county) (State) Fairview Missouri		
DATE REC'D BY LOCAL REG. July 21 1954	REGISTRAR'S SIGNATURE Alpha Dyer		25. FUNERAL DIRECTOR'S SIGNATURE W. M. Jones ADDRESS Wheaton, Mo		

0730

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 754-149

Date Filed JUL 30 1954

NEOSHO, MISSOURI

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

James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton - 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.