

No. 300
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 30 1954

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38472**

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3061</u>		Registrar's No. <u>366</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FLAT RIVER</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>FLAT RIVER</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:				e. STREET ADDRESS (If rural, give location) <u>09420</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HARLEY</u>		b. (Middle) <u>E</u>		c. (Last) <u>HARPER</u>	
4. DATE OF DEATH		(Month) <u>NOV.</u> (Day) <u>22</u> (Year) <u>1954</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		<u>MARRIED</u>		8. DATE OF BIRTH		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>57</u> Days <u>2</u> Hours <u>25</u> IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MINE LA MOTTE, MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward Harper</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Schwan</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Harper</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-03-9210</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dora Harper</u> ADDRESS <u>Flat River, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4301</u>	
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) (Min.)		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 22</u> , 19 <u>54</u> , to <u>Nov 22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 22</u> , 19 <u>54</u> , and that death occurred at <u>4:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. I. Fester</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Desloge, Mo</u>		23c. DATE SIGNED <u>11-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV 24 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARKVIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR FARMINGTON, MD.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 26, 1954</u>		REGISTRAR'S SIGNATURE <u>Etheridge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> ADDRESS <u>Flat River, Mo</u>			

MAR 14 1955

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 *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River*

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.