

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 588

BIRTH NO. _____		REG. DIST. NO. <u>75</u>	PRIMARY REG. DIST. NO. <u>3015</u>	Registrar's No. <u>8</u>
1. PLACE OF DEATH a. COUNTY <u>Clinton</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>	c. CITY OR TOWN <u>Kidder</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>Cameron Community Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>0130</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Augustus</u>	c. (Last) <u>Harter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-19-1870</u>	9. AGE (In years last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lynn Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John F. Harter</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Lisenby</u>	14. NAME OF HUSBAND OR WIFE <u>Lilly Jane Harter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Harter - 3911 E 54th St Kansas City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mesenteric Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u>		<u>10 yrs</u>
		DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>10 yrs</u>
		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 <u>4221</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>12-9</u> , 19 <u>54</u> , to <u>1-31</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-20</u> , 19 <u>55</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>H. Wetherston M.D.</u>		23b. ADDRESS <u>Cameron Mo</u>	23c. DATE SIGNED <u>2-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 2, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kidder Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kidder, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-4-55</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Mose</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marion C. Beane Hamilton, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Martin A. Brown*.....

Licensed Embalmer No. *391*

P. O. Address *Hamilton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.