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FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21027

5069 State File No. ~~5069~~ #352

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. 5069		Registrar's No. <u>52</u>		
1. PLACE OF DEATH a. COUNTY <u>Barton 0060</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates 0071</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Lamar Twp. 3</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Butler</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1/2 mi S Jct. 71-160 Highway</u>				f. STREET ADDRESS (If rural, give location) <u>815 West Pine St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>NADINE</u>			b. (Middle) <u>L.</u>		c. (Last) <u>HARPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 19, 1904</u>		9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Charles Lawrence</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Paige Harper</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499-10-6241</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Paige Harper Butler, 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>Internal Injury</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septic Traumatic Comp. Fracture of Right Tibia</u> DUE TO (c) <u>Auto accident on 7-11-55</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E8104 26</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, in street, street crossing, bldg., etc.) <u>1/2 mi S Jct. 71-160 Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Barton Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 5 16 55 35</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision of two cars</u>		<u>006</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:15</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Clarence W. Chiles Coroner 3</u>				23b. ADDRESS <u>Lamar</u>		23c. DATE SIGNED <u>Aug 5-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 7-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 6th 55</u>		REGISTRAR'S SIGNATURE <u>Marie Kenan</u>		14-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chiles Funeral Home, Lamar, Mo.</u>		

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

FEB 15 1956

AUG 16 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 *Clarence W. Child*

Licensed Embalmer No. *347*

P. O. Address *James M.*

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.