

FILED AUG 9 - 1955

## STANDARD CERTIFICATE OF DEATH

State File No. **25138**

BIRTH NO.		REG. DIST. NO. <b>974</b>		PRIMARY REG. DIST. NO. <b>6274</b>		Registrar's No. <b>32</b>	
1. PLACE OF DEATH a. COUNTY <b>Worth</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Middlefork Twp</b>		c. LENGTH OF STAY (In this place) <b>2 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Middlefork Twp 6274</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>11300</b>			
3. NAME OF DECEASED (Type or Print) <b>Harley</b>		a. (First) <b>Alfred</b>		b. (Middle) <b>Kephart</b>		c. (Last)	
4. DATE OF DEATH <b>July 11, 1955</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>April 1, 1888</b>		9. AGE (In years last birthday) <b>67</b>		10. UNDER 1 YEAR Months Days		11. UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pickering, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>				13a. FATHER'S NAME <b>William Kephart</b>			
13b. MOTHER'S MAIDEN NAME <b>Heneretta Thompson</b>				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-14-9492</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Pearl Thompson - Grant City, Missouri</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, Generalized</b> DUE TO (c) <b>4201</b>				INTERVAL BETWEEN ONSET AND DEATH <b>None</b>	
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 7 Pm., from the causes and on the date stated above.							
23a. SIGNATURE <b>Frank B. Matteson</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>Grant City, Mo.</b>		23c. DATE SIGNED <b>7-13-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-13-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>White Oak Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Pickering, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-2-1955</b>		REGISTRAR'S SIGNATURE <b>Detta E. Dawson</b> <b>3450</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bill A. Dunfee</b> ADDRESS <b>Grant City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

EX-100

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

*Bill A. Dunn*

Licensed Embalmer No. *4908*

P. O. Address *Grant City, TN*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.