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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37902

FILED DEC 13 1955

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>34</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before a. STATE <u>Mo.</u> b. COUNTY <u>St. Clair</u> (Institution).)					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Appleton City</u>)		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY OR TOWN <u>Appleton City</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>Home</u>				e. STREET ADDRESS (If rural, give location) <u>0950</u>					
3. NAME OF DECEASED a. (First) <u>Susie</u>			b. (Middle) _____		c. (Last) <u>Harper</u>		4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>-7-</u> (Year) <u>1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb.-2-1867</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Monegaw Spgs., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Tealia Montgomery</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Harper (Deceased)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Cooper, Appleton City, Mo.</u>		ADDRESS _____			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY HEMORRHAGE (CAUSE UNKNOWN)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>SHARP</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. <u>7831</u>					
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) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Nov.</u> , <u>1854</u> , to <u>Dec 7</u> , <u>1955</u> , that I last saw the deceased alive on <u>Dec 7</u> , <u>1955</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R.H. Brownberger M.D.</u>				23b. ADDRESS <u>Appleton City Mo.</u>		23c. DATE SIGNED <u>Dec. 9 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 11-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Dec. 11-1955</u>		REGISTRAR'S SIGNATURE <u>Chas. Abney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin L. Jansson</u>		ADDRESS <u>Appleton City</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Melvin L. Janssen*.....

Licensed Embalmer No. 45

P. O. Address *Appleton*.....

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.