

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13702**

FILED MAY 8 1956

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

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **192**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY McDonnell	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY OR TOWN HANACAN	
c. LENGTH OF STAY (In this place) Twice		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN'S Hosp.		e. STREET ADDRESS (If rural, give location) 0600,	

3. NAME OF DECEASED (Type or Print) a. (First) ERMON b. (Middle) HENRY c. (Last) HAPPER			4. DATE OF DEATH (Month) (Day) (Year) 4-24-1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N	8. DATE OF BIRTH 1-1-1910	9. AGE (In years last birthday) 46 Months 3 Days 23 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MT. HOME KANSAS
12. CITIZEN OF WHAT COUNTRY? US				

13a. FATHER'S NAME W.H. HARPER		13b. MOTHER'S M maiden NAME NANCY J. BARNETT		14. NAME OF HUSBAND OR WIFE RUBY K HARPER	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 514-10-2835		17. INFORMANT'S SIGNATURE OR NAME Ruby K HARPER ADDRESS HANACAN, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic carcinoma of right kidney & metastasis. 10 mos		INTERVAL BETWEEN ONSET AND DEATH	
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. Intestinal obstructions inferior vena caval obstruction			

19a. DATE OF OPERATION 20 Apr 56		19b. MAJOR FINDINGS OF OPERATION Chronic CA right kidney		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 **16 Apr**, 1956, to **24 Apr**, 1956, that I last saw the deceased alive on **24 Apr**, 1956, and that death occurred at **2:05** m., from the causes and on the date stated above.

23a. SIGNATURE Wm H Bennett MD (Degree or title)		23b. ADDRESS 701 1st National Bldg.		23c. DATE SIGNED 1 May 56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-29-1956		24c. NAME OF CEMETERY OR CREMATORY HANACAN CEM. HANACAN		24d. LOCATION (City, town, or county) (State) Mo	
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DATE REC'D BY LOCAL REF. 5-3-56		REGISTRAR'S SIGNATURE Noce Merriam		25. FUNERAL DIRECTOR'S SIGNATURE R. M. Humphrey ADDRESS Canwell, Mo	
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RECEIVED MAY 5 1956
Jasper County Health Office

County File Number 56-5-383

Date Filed

MAY 5 1956

REC'D MAY 10 1956

MAY 16 1956

SEP 18 1957

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.....

Licensed Embalmer No.....

P. O. Address.....

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.