

## STANDARD CERTIFICATE OF DEATH

State File No. 21403

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 85

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Perry</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Ste. Gen</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Perryville Mo</u> |  | c. CITY OR TOWN <u>Ste. Genevieve</u>   |  |
| c. LENGTH OF STAY (in this place)<br><u>7 days</u>   |  | d. Is residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Perry Co Hospital</u>                          |  | e. STREET ADDRESS (If rural, give location)<br><u>1515 Mary Ellen Dr</u>  |  |

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>CATHERINE</u> b. (Middle) <u>THERESA</u> c. (Last) <u>HARTER</u> |                                  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>June 7 1956</u>           |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u> | 8. DATE OF BIRTH<br><u>JAN 22, 1883</u> |
| 9. AGE (In years last birthday)<br><u>73</u>   |                                  | 10. MONTHS<br><u>0</u>   | 11. DAYS<br><u>0</u>                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>          |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |   |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Zell, Mo</u>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                            |   |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>Joseph Roth</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Theresa Pfaff</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Leo W. Harter</u>                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.<br><u>No</u>              |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Leo W. Harter Ste Gen, Mo</u> |  |

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                            |  | 3 wks.                           |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>cerebral thrombosis</u> |  |                                  |  |
|  |  | DUE TO (c)   |  |                                  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>332x</u>  |  | 20. AUTOPSY?<br>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 JUNE 1, 1956, to JUNE 7, 1956, that I last saw the deceased alive on June 7, 1956, and that death occurred at 11: P m., from the causes and on the date stated above.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 23a. SIGNATURE<br><u>Joseph F. Litterworth MD</u>           |  | 23b. ADDRESS<br><u>St Marys, Mo</u>                                       |  | 23c. DATE SIGNED<br><u>June 9 1956</u>               |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u> |  | 24b. DATE<br><u>6-10-56</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>CALVARY</u> |  |
|   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Ste. Genevieve Mo</u> |  |  |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>6/14/56</u> |  | REGISTRAR'S SIGNATURE<br><u>Joe J. Zellner</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Gene A. ... Ste Genevieve Mo</u> |  |
|--|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 6 1956

JUL 17 1956

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 *Jerome L. Stearto*  
Licensed Embalmer No. 381

P. O. Address *St. Genevieve*

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