

FILED OCT 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34966

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 380	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR Sedalia		c. LENGTH OF STAY (in this place) 3 yrs.		c. CITY OR TOWN Sedalia		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				STREET ADDRESS (If rural, give location) 2004 East 7th, St. 080 4			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) W.		c. (Last) HARPER		4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 19, 1879	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bridge Worker		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Harrisburg, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John H. Harper		13b. MOTHER'S MAIDEN NAME Clemenza Trullinger		14. NAME OF HUSBAND OR WIFE Dovie Davis Harper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dovie D. Harper, Sedalia, Mo.			
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic C-V Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4221		20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I, hereby certify that I attended the deceased from Sept 17, 1956, to Oct 15, 1956, and that I last saw the deceased alive on Oct 15, 1956 and that death occurred at 8:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE J. V. Siegel (Degree or title)				23b. ADDRESS Smithton Mo		23c. DATE SIGNED 10/16/56	
24a. BURIAL OR CREMATION REMOVAL (Specify) Burial		24b. DATE 10/17/1956		24c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery		24d. LOCATION (City, town, or county) (State) Smithton, Missouri	
DATE REC'D BY LOCAL REG. 10-17-56		REGISTRAR'S SIGNATURE Lavina W. Wenz, Deputy Registrar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sedalia Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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..... Russell C Maag

Licensed Embalmer No. 480

P. O. Address Sedalia,

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.