ot. Health,
., & Welfare
S. Public
lth Service

. S. 300
ev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035260
STATE FILE NUMBER

70937-58
FILED OCT 14 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 189

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Nevada — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Nevada Hospital — Length of stay in 1b: 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada 1082 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1124 Nichols R#3 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Timmy Middle: Lee Last: Harper

4. DATE OF DEATH Month Day Year: September 30 1958

5. SEX: M

6. COLOR OR RACE: Wh

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: September 24 1958

9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 6 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (City and state or country): Nevada, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert Lee Harper

13b. MOTHER'S MAIDEN NAME: Lucille Evelyn Monkress

14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT: Robert Lee Harper — Address: Nevada, Missouri 1124 Nicholson, R#3

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Kernicterus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c): 7706
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 24, 1958, to Sept. 30, '58 and last saw ~~her~~ him alive on Sept. 30, 1958.
Death occurred at Nevada, Mo. 1:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. P. McCann, M. D.
22b. ADDRESS: Moore Bldg., Nevada, Missouri
22c. DATE SIGNED: 10/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: October 1, 1958
23c. NAME OF CEMETERY OR CREMATORY: Moore Cemetery
23d. LOCATION (City, town, or county) (State): Nevada Missouri

24. FUNERAL DIRECTOR ADDRESS: Ferry Funeral Home Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 10-11-1958
26. REGISTRAR'S SIGNATURE: Amos E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 L. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada

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.