

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047287  
State File No.

FILED JAN 19 1959

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 3462

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Town Kirkwood</b>		c. CITY OR TOWN <b>Kirkwood</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>206 Handy St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>206 Handy St.</b>		f. STREET ADDRESS <b>206 Handy St.</b>	

3. NAME OF DECEASED (Type or Print)		a. (First) <b>Hattie</b>		b. (Middle) <b>Belle</b>		c. (Last) <b>HARPER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 31, 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Dec. 13, 1922</b>		9. AGE (In years last birthday) <b>36</b>		10. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>US A</b>		

13a. FATHER'S NAME <b>Augusta Harper</b>		13b. MOTHER'S MAIDEN NAME <b>Beatrice Woods</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>unk.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Grady Woods,</b>	
18. CAUSE OF DEATH 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) <b>Unknown Natural Causes</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused 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) _____		
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) <b>7954</b>	
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:47A.M.**, from the causes and on the date stated above.

23. SIGNATURE <b>John C. Murphy MD</b> Commissioner		23a. ADDRESS <b>562 So. Brentwood Blvd.</b>		23c. DATE SIGNED <b>1/8/59</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/6/59</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson</b>	
24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cunningham &amp; Moore, 2405 Marcus</b>			

DATE REC'D BY LOCAL REG. <b>1-5-59</b>		REGISTRAR'S SIGNATURE <b>Herbert R. ...</b>		ADDRESS	
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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 *John K. Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *2405 Main*

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.