Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005150
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 128 Primary Registration District No. 2003 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY Springfield Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Handley Hosp. — Length of stay in 1b: 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Strafford — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: James Middle: Orvil Last: Harper

4. DATE OF DEATH Month: Feb. Day: 19, Year: 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH March 6, 1879

9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Hotel

11. BIRTHPLACE (City and state or country) Unknown

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James A. Harper, Sr.

13b. MOTHER'S MAIDEN NAME Ella Smith

14. NAME OF HUSBAND OR WIFE Anna Harper

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. 443-01-8595

17. INFORMANT Anna Harper — Address: Strafford, Missouri

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) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 2-13-59 to 2-19-59 and last saw her/him alive on 2-18-59
Death occurred at 2:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lyman D. Brown M.D. (Degree or title)

22b. ADDRESS 31½ College

22c. DATE SIGNED 2/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-21-1959

23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery

23d. LOCATION (City, town, or county) (State) Springfield, Missouri.

24. FUNERAL DIRECTOR Rex Rainey — ADDRESS Springfield, Mo.

25. DATE RECD. BY LOCAL REG. 2-24-59

26. REGISTRAR'S SIGNATURE Effie E. Mellon

(Licensed Embalmer's Statement on Reverse Side)

Coroner, 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 [illegible]

Licensed Embalmer No. 3312

P. O. Address Springfield, Mo.

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.