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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014321
STATE FILE NUMBER

FILED MAY 15 1959

Registration District No. 272 Primary Registration District No. 3807 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN Steele — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Cooler Rest — Length of stay in Hospital 45 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Steele 0780 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside city, give location) Cooler Rest — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Marion Middle H Last Harper

4. DATE OF DEATH Month 4 Day 21 Year 59

5. SEX M

6. COLOR OR RACE White

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

8. DATE OF BIRTH 3-18-1883

9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR: Months 1 Days 3 — IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and state or country) Dyersburg Tenn

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Minnie 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.

17. INFORMANT Roy W Harper — Address St Louis Mo

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 30 min
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) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 4-21-59, to 4-21-59 and last saw him alive on 4-21-59
Death occurred at 7:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H L McDaniel M.D.

22b. ADDRESS Steele Mo

22c. DATE SIGNED 4-25-59

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

23b. DATE 4-24-59

23c. NAME OF CEMETERY OR CREMATORY Mt Zion

23d. LOCATION (City, town, or county) Steele (State) Mo

24. FUNERAL DIRECTOR Gerrmann Vendt Co. — **ADDRESS** Steele Mo

25. DATE RECD. BY LOCAL REG. 5-7-59

26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Noel C Dean

Licensed Embalmer No. 3941

P. O. Address Carrollton

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.

COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.