

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022324
State File No.

FILED JUN 24 1959

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. _____ Registrar's No. 27

0770

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

1. PLACE OF DEATH a. COUNTY <u>OZARK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WRIGH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>MTN. GROVE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HODGENS MILL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>STEPHEN DUANE HARPSTER</u>		e. STREET ADDRESS <u>1141</u> (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	<u>STEPHEN</u>	<u>DUANE</u>	<u>HARPSTER</u>	<u>JUNE 14 1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, & WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 12-48</u>	9. AGE (In years last birthday) <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MTN. GROVE MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>RALPH EUGENE HARPSTER</u>	13b. MOTHER'S MAIDEN NAME <u>ALASCA GADDIS</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>9298</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Harpster</u> ADDRESS <u>Mtn. Grove</u>

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) <u>Accidental Drowning</u>	II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		
ANTECEDENT CAUSES (Morbidity 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? <u>Y</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Boysen River</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sycamore, Ozark, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-14-59. 9⁰⁰ a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>drown while swimming</u>

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John R. Ware, Coroner 3</u>	23b. ADDRESS <u>Lanier, Mo</u>	23c. DATE SIGNED <u>6-15-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-16-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST</u>
24d. LOCATION (City, town, or county) (State) <u>MTN. GROVE MO.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>RWT Barber</u> ADDRESS <u>Mtn. Grove</u>	
DATE REC'D BY LOCAL REG. <u>6/21/59</u>	REGISTRAR'S SIGNATURE <u>Theresa Mahan</u>	

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..... *RW Barber*

Licensed Embalmer No. *384*

P. O. Address..... *W. H. Gray*

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.