

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 29 1959

'59 0 4 6 5 9 0

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 247

WEMENDED

| | | | | | | | | |
|--|---|--|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Vernon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada | | Length of stay in 1b | | c. CITY OR TOWN Nevada | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Manlove Nursing Home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 312 West Ashland | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First JOSIE Middle HARPER Last HARPER | | | | 4. DATE OF DEATH Month December Day 10 Year 1959 | | | | |
| 5. SEX FM | 6. COLOR OR RACE Wh | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH April 13 1897 | 9. AGE (last birthday) 82 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> | IF UNDER 24 HR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (City and state or country) Bentonville, Arkansas | | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME Henry Hester | | | 13b. MOTHER'S MAIDEN NAME Sarah | | 14. NAME OF HUSBAND OR WIFE Lee Harper, Deceased | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 488-16-0049 | | 17. INFORMANT Loyd Harper | | Address Nevada, Missouri 528 W. Ashland | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis DUE TO (b) Hypertensive Circulatory Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH One year. Several years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none | | | | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | 20f. CITY, TOWN, OR LOCATION Nevada - Vernon - Mo | | COUNTY | | STATE | | |
| 21. I attended the deceased from Nov 14 - 59 , to Dec 10 - 59 and last saw her alive on Dec 10 - 1959 . Death occurred at 7 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE W. R. Love, M.D. (Degree or title) | | | | 22b. ADDRESS Nevada, Mo | | 22c. DATE SIGNED 12-17-59 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1959 December 14 | 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park | | 23d. LOCATION (City, town, or county) Nevada | | 23e. (State) Missouri | | |
| 24. FUNERAL DIRECTOR Ferry Funeral Home ADDRESS Nevada, Missouri | | | 25. DATE RECD. BY LOCAL REG. Dec 22 - 1959 | | 26. REGISTRAR'S SIGNATURE Anna J. Perry | | | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 James Douglas Griswold, Student Embalmer No. 595
working under my personal supervision.

Student Douglas Griswold
Signature of Student Embalmer

Signed L. Douglas Terry

Licensed Embalmer No. 4960

P. O. Address Nevada, N

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.