URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

-60-031009
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 407

NDED

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Length of stay in 1b: 37 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA ST. JOHN'S HOSP. — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1119 CENTRAL AVE. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First JOHN Middle RAY Last HARPER
4. DATE OF DEATH Month AUGUST Day 14, Year 1960
5. SEX M
6. COLOR OR RACE NEGRO
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 12-17-1905
9. AGE (last birthday) 54
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNED & OPERATED
10b. KIND OF BUSINESS OR INDUSTRY HARPER'S BARBECUE
11. BIRTHPLACE (City and state or country) SYLAMORE, ARK.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WALTER H. HARPER
13b. MOTHER'S MAIDEN NAME? JANIE WADKINS
14. NAME OF HUSBAND OR WIFE DEC'D FLORENCE A. HARPER, '57
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. UNK
17. INFORMANT DAU- MRS. ANGALEE HOY, Address 1123 CENTRAL AVE. JOPLIN, 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 occlusion with infarction. — INTERVAL BETWEEN ONSET AND DEATH: about 15 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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1947, to 8-14-60 and last saw her/him alive on 8-12-60
Death occurred at 6:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) J. R. Kuhn, Jr., M.D.
22b. ADDRESS 321 Frisco Bldg., Joplin, Mo.
22c. DATE SIGNED 8-16-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-18-60
23c. NAME OF CEMETERY OR CREMATORY PARKWAY CEMETERY,
23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, ADDRESS JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 8-18-1960
26. REGISTRAR'S SIGNATURE Doris Merriam

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1960

MAY 4 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4463

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.