DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS SEP 6 1960

60-031266
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 159

1. PLACE OF DEATH
a. COUNTY: LIVINGSTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CHILLICOTHE
Length of stay in 1b: 7 WEEKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 409 POLK
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CALDWELL
c. CITY OR TOWN: BRECKENRIDGE
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: MARTHA Middle: LOUETTA Last: HARPER
4. DATE OF DEATH: Month: AUGUST Day: 27 Year: 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 10-7-1869
9. AGE (last birthday): 90
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): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): CAMPPOINT, ILL
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: CALEB HOYT
13b. MOTHER'S MAIDEN NAME: DEBORAH FARLOW
14. NAME OF HUSBAND OR WIFE: JOHN F. 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.: NONE
17. INFORMANT: MRS. LESLIE DIMITT Address: WHEELING, 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): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 72 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — Unknown
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 July 1960 to Aug 27, 1960 and last saw her alive on Aug 20, 1960
Death occurred at SIX-FIFTY P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William L. Fan, M.D.
22b. ADDRESS: Chillicothe, Mo
22c. DATE SIGNED: 8/29/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Aug. 30/1960
23c. NAME OF CEMETERY OR CREMATORY: WHEELING
23d. LOCATION (City, town, or county) (State): WHEELING, MO.
24. FUNERAL DIRECTOR ADDRESS: NORMAN FUNERAL HOME; CHILLICOTHE, MO
25. DATE RECD. BY LOCAL REG.: Aug 29, 1960
26. REGISTRAR'S SIGNATURE: Amalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Elton F. Norman

Signature of Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe,

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