

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012485

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 80 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

FILED MAY 2 1961

1. PLACE OF DEATH (Where deceased lived. If institution: Residence before admission)

a. COUNTY Audrain b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico Length of stay in 1b 40 yrs. c. CITY OR TOWN Mexico Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 1310 S. Cole Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Victor Middle L. Last Harper 4. DATE OF DEATH Month April Day 20 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH April 4, 01 9. AGE (last birthday) 60 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HR Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Fire Brick 11. BIRTHPLACE (City and state or country) Bellflower, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Lewis F. Harper 13b. MOTHER'S MAIDEN NAME Ella F. White 14. NAME OF HUSBAND OR WIFE Mary Ota 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. UNKNOWN 17. INFORMANT Address Mrs. Mary Harper, Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma DUE TO (b) Carcinoma Hypopharynx DUE TO (c) Carbino virus INTERVAL BETWEEN ONSET AND DEATH 6 months 1 1/2 years

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 12:15 Month, Day, Year April 20, 1961

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 Mexico COUNTY Audrain STATE Mo.

21. I attended the deceased from March 6 - 1956 to April 20 - 61 and last saw ^{her}him alive on April 20 - 61 Death occurred at 12:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold S. Sanford M.D. 22b. ADDRESS Mexico Mo 22c. DATE SIGNED 4-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 23, 61 23c. NAME OF CEMETERY OR CREMATORY Elmwood 23d. LOCATION (City, town, or county) (State) Mexico, Mo.

24. FUNERAL DIRECTOR Precht-Hueston ADDRESS Mexico, Mo. 25. DATE RECD. BY LOCAL REG. April 23, 1961 26. REGISTRAR'S SIGNATURE Blanche Neely

APR 25 1962

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 Thomas M. Emmons Jr.

Licensed Embalmer No. 5064

P. O. Address Mexico, MO

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.