MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021655
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 284

FILED JUN 20 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Length of stay in 1b Lifetime
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hiway #43 N. Edge of Joplin — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1123 Central Avenue — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JOHN Middle R. Last HARPER, Jr.

4. DATE OF DEATH Month June 12, Day 1961 Year

5. SEX Male
6. COLOR OR RACE Negro
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 3-9-1928
9. AGE (last birthday) 33 — 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) Resturant Operator
10b. KIND OF BUSINESS OR INDUSTRY Resturant
11. BIRTHPLACE (City and state or country) Joplin, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John R. Harper
13b. MOTHER'S MAIDEN NAME Florence Anderson
14. NAME OF HUSBAND OR WIFE Ruth Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW#2,
16. SOCIAL SECURITY NO.
17. INFORMANT Address Joplin, Mo. Mrs. Ange Lee Harper, 1123 Central,

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) Internal injuries & 3rd degree burns — INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) One car Auto Accident
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 [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) One car Auto Accident. Car left hiway, overturned and burned.
20c. TIME OF INJURY 12:20 Hour a.m. ~~XXXX~~ Month, Day, Year 6-12-1961
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway #43, N of Town
20f. CITY, TOWN, OR LOCATION Joplin, Jasper, COUNTY Missouri STATE

21. I attended the deceased from did not see alive, to and last saw ~~her~~ him alive on
Death occurred at 12:20 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wendell Fuhr, DDS CORONER
22b. ADDRESS Frisco Bldg - Joplin Mo.
22c. DATE SIGNED 6-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-15-1961
23c. NAME OF CEMETERY OR CREMATORY Parkway Cemetery
23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo.
25. DATE RECD. BY LOCAL REG. 6-15-1961
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Tracy McCurdy

Licensed Embalmer No. 5125

P. O. Address Joplin, 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.