MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 33 STATE FILE NUMBER 0002283

FILED FEB 10 1964

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0595
2 0595
3 2
4 0
5 2
6
7 0
8 2
9 331X
10
11
12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY LIVINGSTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE — Length of stay in 1b: 10 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LIVINGSTON
c. CITY OR TOWN CHILLICOTHE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 617 VINE ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GEORGE Middle EDWARD Last HARTER

4. DATE OF DEATH: Month FEBRUARY Day 4 Year 1964

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8/8/1868

9. AGE (last birthday): 95 — 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): RETIRED TEACHER

10b. KIND OF BUSINESS OR INDUSTRY: EDUCATION

11. BIRTHPLACE (City and state or country): LINNEUS, MISSOURI

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: CHRISITAN HARTER

13b. MOTHER'S MAIDEN NAME: MARY CATHERINE TOLSON

14. NAME OF HUSBAND OR WIFE: JENNIE AGIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of ser[redacted]

16. SOCIAL SECURITY NO.

17. INFORMANT: E.L. HARTER: Address 301 S. Haswell BRYAN, TEXAS

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 Vascular Accident; with Right hemiplegia. — INTERVAL BETWEEN ONSET AND DEATH: 18 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis.

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 1958, to Feb 4-64 and last saw her/him alive on Feb 4-1964

Death occurred at 5:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph F. Gale (Degree or title) M.D.

22b. ADDRESS Chillicothe, Mo

22c. DATE SIGNED 2-5-64

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 2-6-64

23c. NAME OF CEMETERY OR CREMATORY STRAWBERRY CEMETERY

23d. LOCATION (City, town, or county) (State) LINN COUNTY, MISSOURI

24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: ADDRESS CHILLICOTHE, MO.

25. DATE RECD. BY LOCAL REG. Feb. 6, 1964

26. REGISTRAR'S SIGNATURE Amalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1964

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 Elton Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.