

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040912

FILED VS. NOV 20 1959 127

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 269

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>LIVINGSTON</u>	a. STATE <u>MISSOURI</u> b. COUNTY <u>LIVINGSTON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chula</u>	Length of stay in 1b <u>32 years</u>	c. CITY OR TOWN <u>Chula</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>✓</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Harvey</u> Middle <u>Preston</u> Last <u>Tharp</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>14</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 5 1883</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u> IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (City and state or country) <u>Linn County Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John H. Tharp</u>		13b. MOTHER'S MAIDEN NAME <u>Martha I. Botts</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Tharp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-14-4861</u>	17. INFORMANT Address <u>Mrs Grace Tharp Chula Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>5 yr</u>
IMMEDIATE CAUSE (a)	<u>Symptomatic</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Bronchial asthma</u>	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 1946 to 14 Nov and last saw her alive on 10 Nov 67
 Death occurred at 14 Nov 3:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W D Vandine MD</u>	22b. ADDRESS <u>Chillicothe Mo</u>	22c. DATE SIGNED <u>18 Nov 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/18/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Medville Cemetery</u>
23d. LOCATION (City, town, or county) <u>Medville Missouri</u>		(State)

24. FUNERAL DIRECTOR <u>F. J. Robertson Funeral Home</u>	ADDRESS <u>Chula Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 15 59</u>	26. REGISTRAR'S SIGNATURE <u>Frances B Neill</u>
--	-------------------------	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 20 1959 SA

NOV 20 1959 SA

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.