

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 561

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>11</u>		
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>				
b. CITY OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (in this place) <u>14 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - 2 mi. S.E. East Lynn</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrisonville Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>HAROLD</u> c. (Last) <u>Self</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 26 - 1911</u>		
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>International Harvester</u>		11. BIRTHPLACE (State or foreign country) <u>Syracuse - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>J.O. Self</u>			13b. MOTHER'S MAIDEN NAME <u>Bessie Shroat</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Self</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-32-6376</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harrisonville Memorial Hospital Records</u> ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY Embolus -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured Appendix</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>14 DAYS.</u>	
19a. DATE OF OPERATION <u>Jan 8, 1949.</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ruptured Appendix -</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Jan 8</u> , 1949, to <u>Jan 21</u> , 1949, that I last saw the deceased alive on <u>Jan 21</u> , 1949, and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Edward S. Jones, M.D.</u>				23b. ADDRESS <u>Harrisonville Mo.</u>		23c. DATE SIGNED <u>Jan-22-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 24 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Syracuse</u>		24d. LOCATION (City, town, or township) (State) <u>Syracuse Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 22-1949</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rennenburger's</u> ADDRESS <u>Harrisonville</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 24 1948

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.

Signed.....

*Ernest R. Cunningham*

Signed.....  
Student Embalmer

Licensed Embalmer No. *33680*

P. O. Address *Harrisonville 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 this body is not embalmed, fact should be so stated above.