

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3761

BIRTH NO. 48-61564		REG. DIST. NO. 338		PRIMARY REG. DIST. NO. 6154		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <u>Blount</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Blount</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Easton, Richland</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Easton, Richland</u>		d. STREET ADDRESS (If rural, give location) <u>R 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>CONNIE ANN HARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-22-49</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>Sept 13-48</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Easton, Mo R 2</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Russell Harris</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Mae Easton</u>			14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell Harris</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None 1995</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>Sept 13, 1948</u> to <u>1-22, 1949</u> , that I last saw the deceased alive on <u>1-22, 1949</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.P. Brandon, M.D.</u>				23b. ADDRESS <u>Easton, Mo</u>		23c. DATE SIGNED <u>1-22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bluff Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Idalia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-28-49</u>		REGISTRAR'S SIGNATURE <u>Rose Wehler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Lee, Inc</u>		ADDRESS <u>Blount, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 149-261

Date Filed 1-29-49

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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed *Lynn Steel*

Licensed Embalmer No. 2476

Signed _____
Student Embalmer

P. O. Address Alexis 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.