

FILED MAY 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13307

BIRTH NO. 49-009041 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOTT</u>	
b. CITY OR TOWN <u>CARUTHERSVILLE</u> c. LENGTH OF STAY (in this place) <u>33 DAYS</u>		c. CITY OR TOWN <u>CARUTHERSVILLE (RURAL)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COURTNEY PIERCE FARM</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi S. CARUTHERSVILLE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GLORIA</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>HARRIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 5, 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>FEB. 1, 1949</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Tommie Harris</u>	13b. MOTHER'S MAIDEN NAME <u>OLA Mae BELL</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tommie Harris</u>	ADDRESS <u>RTG 1 - CVILLE</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>8 DAYS</u> <u>FROM BIRTH</u> <u>5210</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>COLITIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) <u>MALNUTRITION</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>-</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>

22. I hereby certify that I attended the deceased from MAR. 4, 1949, to MAR. 4, 1949, that I last saw the deceased alive on MARCH 1, 1949, and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Tewlocke M. O'D</u> (Degree or title)	23b. ADDRESS <u>Caruthersville, Mo.</u>	23c. DATE SIGNED <u>3-5-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5 MAR. 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valley Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Stell, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 11, 1949</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Weeks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stell Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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5-49-122

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 _____

working under my personal supervision.

W. F. Embalmer

Student Embalmer No. _____

Signed _____

Signed.....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.