

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 13532BIRTH NO. 124 REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 6075 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> <u>RURAL St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>	
c. LENGTH OF STAY (In this place) <u>1 Y; 2M; 7d.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2, Box 75</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>B.</u> c. (Last) <u>HARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 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>August 11, 1888</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR: Months <u>8</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpentry</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Stewart County, Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Robert Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Sallie M. Hooks</u>	14. NAME OF HUSBAND OR WIFE <u>Ada Kelly</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes World War I</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia (terminal)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis of the Central nervous system</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>4 days</u>  <u>036X</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <input type="checkbox"/> 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 February 12, 1948, to April 19, 1949, that I last saw the deceased alive on April 12, 1949, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Brennan M.D.</u>	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>4-19-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 20, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lane Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Walnut Ridge, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 20, 1949</u>	REGISTRAR'S SIGNATURE <u>Ether Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Higginbotham Funeral Home</u>	ADDRESS <u>Walnut Ridge, Ark.</u>
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REIVED

Health Officer No. Y

File Number 549-618

Date Filed 5-9-49

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed C. Hozer

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.