

No. 300
10.48

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18619

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia 4</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia 2</u>	
c. LENGTH OF STAY (In this place) <u>4 Months</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Haley-Cumberbund Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AMANDA</u> b. (Middle) _____ c. (Last) <u>HARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17-1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 8 1858</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spouse</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bokehport-MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Shendan Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Adkins</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Wilburn Hall</u> ADDRESS <u>Columbia Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage 18th</u>		INSET BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio Renal Syndrome</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>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X X +</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>

22. I hereby certify that I attended the deceased from 6-16-49 to 6-17-49, that I last saw the deceased alive on 6-17-49, 1949, and that death occurred at 7:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Do not write name) <u>J. O. Baker, D.D.</u>	23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>6-17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 19-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 17-1949</u>	REGISTRAR'S SIGNATURE <u>Maud McBrider</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. V. Willitt</u> ADDRESS <u>Columbia Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JUN 21 1949

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 *R. O. Willett*

Licensed Embalmer No. 3183

P. O. Address *Columbia*

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.