

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18813

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY OR TOWN RURAL, FULTON, MO		c. CITY OR TOWN RURAL	
c. LENGTH OF STAY (in this place) 5 YRS.		d. STREET ADDRESS (If rural, give location) R.F.D. #6 3 MILES S.E. FULTON, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 MILES S.E. OF FULTON			

3. NAME OF DECEASED (Type or Print)	a. (First) ROY	b. (Middle) LEE	c. (Last) HARRIS	4. DATE OF DEATH (Month) (Day) (Year) JUNE 13 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 26, 1892	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 11 Days 17	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ALVEIN HARRIS	13b. MOTHER'S MAIDEN NAME NANNIE MAHONEY	14. NAME OF HUSBAND OR WIFE OLLIE HARRIS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. D.K.	17. INFORMANT'S SIGNATURE OR NAME Mr. Roy Lee Harris	ADDRESS Fulton, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy		INTERVAL BETWEEN ONSET AND DEATH 3.34X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) was feeling unwell and at work got sick and died in 30 minutes		
	DUE TO (c) apparently in perfect health		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Barrett, Coroner (Degree or title)	23b. ADDRESS Fulton, Mo.	23c. DATE SIGNED 6-14-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/16/49	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton, Mo.
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DATE REC'D BY LOCAL REG. June 15 - 1949	REGISTRAR'S SIGNATURE Maretha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Ellen J. Maupin	ADDRESS Fulton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

JUN 25 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.

Signed Walter J. Haines, Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.