

FILED JUN 20 1949

STANDARD CERTIFICATE OF DEATH

State File No. 20413

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5878 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY OREGON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALTON-RURAL-woodside		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton (Rural)	
c. LENGTH OF STAY (in this place) 1		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLOTTA	b. (Middle) LEE	c. (Last) HARRIS	4. DATE OF DEATH (Month) (Day) (Year) April 26 1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 17-1872	9. AGE (In years last birthday) 76	10. MONTHS 7	11. DAYS 9	12. IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Des Moines, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME WILLIAM LEE	13b. MOTHER'S MAIDEN NAME SARAH (?) LEE	14. NAME OF HUSBAND OR WIFE H. S. HARRIS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME James Pratt	ADDRESS Alton, 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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH  33ix
	ANTECEDENT CAUSES Arteriosclerosis, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Hypertension		
	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 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)	21e. INJURY OCCURRED WHILE AT 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 \_\_\_\_\_, 1949 to April 26, 1949, that I last saw the deceased alive on \_\_\_\_\_, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE C. W. Cooper M.D.	(Degree of title)	23b. ADDRESS	23c. DATE SIGNED 5-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 28, 1949	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery	24d. LOCATION (City, town, or county) (State) Alton Mo.
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DATE REC'D BY LOCAL REG. June 11/49	REGISTRAR'S SIGNATURE M. W. Johnson	1233	25. FUNERAL DIRECTOR'S SIGNATURE John Q. Clay	ADDRESS Alton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

75  
16  
0

6/15/49  
District Health Office, No. 6,  
District File Number 649440  
File Date 6/16/49

**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 John Q. Clark  
Licensed Embalmer No. 4475

P. O. Address Box 396 Alton 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.