

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22395

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4544 Registrar's No. 4038

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nianqua</u>	c. LENGTH OF STAY (In this place) <u>7 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>x</u>		d. STREET ADDRESS (If rural, give location) <u>x</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>- Ellen -</u> c. (Last) <u>Harris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13-1949</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 30, 1870</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>x</u> Days <u>x</u>	IF UNDER 24 HRS. Hours <u>x</u> Min. <u>x</u>
-------------------------	----------------------------------	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Camden County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	---

13a. FATHER'S NAME <u>John W. McShane</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Talbert</u>	14. NAME OF HUSBAND OR WIFE <u>Will J. Harris</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>x</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Andy McShane</u>	ADDRESS <u>Conway, Missouri</u>
---	-------------------------------------	--	------------------------------------

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, asthemia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>490X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

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 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. F. Schlicht MD</u>	23b. ADDRESS <u>Conway, Mo</u>	23c. DATE SIGNED <u>June 17 1949</u>
--	-----------------------------------	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 15-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graceland</u>	24d. LOCATION (City, town, or county) (State) <u>Conway-Missouri</u>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>6/27/49</u>	REGISTRAR'S SIGNATURE <u>J. Francis</u>	392	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Rainey</u>	ADDRESS <u>Marshfield, Mo.</u>
--	--	-----	---	-----------------------------------

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

112  
00

RECEIVED

District Health Officer No. 6;

District File Number 749-748

Date Filed 7-5-49

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.

Signed \_\_\_\_\_  
Student Embalmer

Signed Alex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.