

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 24013

BIRTH NO.		REG. DIST. NO. <u>181</u>	PRIMARY REG. DIST. NO. <u>4293</u>	Registrar's No. <u>21</u>
1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN		
b. CITY (If outside corporate limits, write RURAL and give township) ELSBERRY		c. CITY (If outside corporate limits, write RURAL and give township) ELSBERRY <u>57</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH SEVENTH ST.		d. STREET ADDRESS SOUTH SEVENTH ST. <u>00</u>		
3. NAME OF DECEASED (Type or Print) SUSIE		a. (First) SUSIE	b. (Middle) A.	c. (Last) HARRIS
5. SEX FEMALE <u>3</u>		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH FEB. 4, 1877		9. AGE (In years last birthday) 72		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LINCOLN COUNTY, MISSOURI <u>0</u>
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME UNKNOWN		
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CHARLIE HARRIS		
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. NONE		17. INFORMANT'S SIGNATURE OR NAME CHARLIE HARRIS * ELSBERRY, MO.
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) APOPLEXY CEREBRINL		INTERVAL BETWEEN ONSET AND DEATH 2 WKS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) HYPERTENSION		YRS
DUE TO (c) ARTERIOSCLEROSIS		YRS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		LATE LATENT SYPHILIS		YRS 144X
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)		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 <u>7/17</u> , 19 <u>49</u> , to <u>7/31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/31</u> , 19 <u>49</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		(Degree or title) M. D.		23b. ADDRESS ELS BERRY, MO
23c. DATE SIGNED 8/2/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug. 3, 1949		24c. NAME OF CEMETERY OR CREMATORY Berry Mitchell
24d. LOCATION (City, town, or county) (State) Elsberry, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		
DATE REC'D BY LOCAL REG. 8/3/49		REGISTRAR'S SIGNATURE <i>[Signature]</i>		ADDRESS ELSBERRY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

District Health Officer No. 9,
AUG 4 1919
RECEIVED
District File Number

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 G. G. Gula

Licensed Embalmer No. 4012

P. O. Address Elsberg, 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.