

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED AUG 22 1949

State File No.

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

26-54

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis City</u>	
c. LENGTH OF STAY (in this place) <u>12 months</u>		d. STREET ADDRESS (If rural, give location) <u>Not known.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Pen. Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>None</u> c. (Last) <u>Harris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Not known</u>	8. DATE OF BIRTH <u>7-15-1890</u>
9. AGE (In years last birthday) <u>58</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Convict</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Convict</u>	11. BIRTHPLACE (State or foreign country) <u>not known</u>
12. CITIZEN OF WHAT COUNTRY? <u>not known</u>		13a. FATHER'S NAME <u>not known</u>	
13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>not known</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Not known</u>		16. SOCIAL SECURITY NO. <u>Not known</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Missouri State Pen. Hosp.</u> ADDRESS _____
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease.</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)	
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) m.		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>July 1, 1949</u> , to <u>July 13, 1949</u> , that I last saw the deceased alive on <u>July 12, 1949</u> , and that death occurred at <u>5445 Wm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. A. McKelvey, Jr. M.D.</u>		23b. ADDRESS <u>Jefferson City, Missouri.</u>	
23c. DATE SIGNED <u>July 14, 49</u>		24a. LOCATION (City, town, or county) (State)	
24b. DATE <u>7/14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirksville College of Kirksville, Mo</u>	
24d. LOCATION (City, town, or county) (State)		24e. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>R. P. Harris M.D.</u> ADDRESS <u>Jefferson City, Mo</u>	
24f. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>July 14-1949</u>		24g. FUNDING DIRECTOR'S SIGNATURE <u>W. A. McKelvey, Jr.</u> ADDRESS _____	

BUREAU OF CENSUS

1949 JUL 27 AM 11 54

ADMINISTRATIVE
SERVICE DIVISION

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Joseph J. Gordon

Licensed Embalmer No.

1786

P. O. Address

Jefferson City 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.