

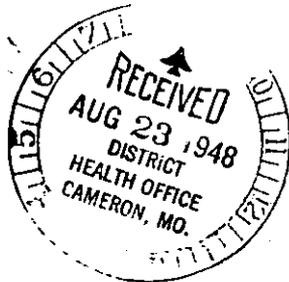
FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29132

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4548</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Worth</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Worth</u>	
c. LENGTH OF STAY (In this place) <u>ALL LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth</u>		d. STREET ADDRESS (If rural, give location) <u>Mo</u>		113 0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 15-49</u>			
3. NAME OF DECEASED (Type or Print) <u>Charlie</u>		a. (First) <u>Charlie</u>		b. (Middle) <u>none</u>		c. (Last) <u>Harris</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 28-1868</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		9. AGE (In years last birthday) <u>81</u>	
11. BIRTH PLACE (State or foreign country) <u>Worth County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hiram Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrtle Harris</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Harris</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) _____	
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						151X	
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>C</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 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>Jan 1</u> , 19 <u>49</u> to <u>July 15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 15</u> , 19 <u>49</u> , and that death occurred at <u>7 o'clock, PM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles D. Williams MD</u>				23b. ADDRESS <u>Century Mo</u>		23c. DATE SIGNED <u>Aug 10-49</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Empire Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Empire Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 16-1949</u>		REGISTRAR'S SIGNATURE <u>Kate C. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>		ADDRESS <u>Grant City Mo</u>	



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.....

John Andrews

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John Andrews*

Licensed Embalmer No. *47-11*

P. O. Address *Grant 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.