.S. No. 300
EV. 10-48

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

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29151

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 302

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grim-Smith Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Muskogee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Muskogee
d. STREET ADDRESS (If rural, give location): 1301 Fredonia Street

3. NAME OF DECEASED (Type or Print)
a. (First): Willie
b. (Middle): Orville
c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 8, 1911
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Truck Driver
11. BIRTHPLACE (State or foreign country): Muskogee, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ace Harris
13b. MOTHER'S MAIDEN NAME: Hattie Jones
14. NAME OF HUSBAND OR WIFE: Lorraine Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. #2
16. SOCIAL SECURITY NO.: 440-12-6635
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lorraine Harris, Muskogee, Okla — 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute myocardial failure	2 hrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Secondary & primary shock from hemorrhage	4 hrs.
DUE TO (c)	Mangled lower extremities and internal injuries	7 hrs.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Head injuries	8 1/2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. 63 South
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kirksville Adair Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 5 1949 11 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Mr Harris setting chain out of rear of trailer and hit head on by convertible.

22. *I hereby certify that I attended the deceased from* Oct. 5, 1949, *to* Oct. 6, 1949, *that I last saw the deceased alive on* Oct. 6, 1949, *and that death occurred at* 7:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton T. Engliser Jr. M.D.
23b. ADDRESS: Kirksville, Missouri
23c. DATE SIGNED: Oct. 6, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/6/49
24c. NAME OF CEMETERY OR CREMATORY: Green Hill
24d. LOCATION (City, town, or county) (State): Muskogee, Okla.

DATE REC'D BY LOCAL REG.: 10-6-49
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Paul M. Riley — ADDRESS: Kirksville, Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1949

NOV 4 1949

OCT 10 1949
RECEIVED
District Health Officer No. 10
District File Number 10-49-1737
Date Filed OCT 10 1949

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 Embalmer No.....

Signed Roy K. Mercer

Signed.....
Student Embalmer

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.