

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29326

State File No. ....

BIRTH NO. 55140-449 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 997

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buch.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (If in place) <u>29 1/2 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth. Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>2216 N. 22nd</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annette</u> b. (Middle) <u>-</u> c. (Last) <u>HARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Sept. 12, 1949</u>		9. AGE (In years last birthday) UNDER 1 YEAR Months <u>1</u> Days <u>5</u> F UNDER 24 HRS. Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR-INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Christopher Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Billie Annette Wise</u>		14. NAME OF HUSBAND OR WIFE	
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Billie Harris, 2216 N. 22nd St. Joseph</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis, primary</u>	ANTECEDENT CAUSES <u>Prematurity (3 3/4 lbs)</u>				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Prem. labor - Placenta previa</u>				<u>76.25</u>
	DUE TO (c) <u>Prem. labor - Placenta previa</u>				
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"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from Sept. 12, 1949, to Sept 13, 1949, that I last saw the deceased alive on Sept 13, 1949, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.C. Williamson M.D.</u>		23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>9/13/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 16, 1949</u>	REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u>	25. EMBALMER'S SIGNATURE <u>Stute Alenchoffer</u>	ADDRESS <u>1946 Colton St. St. Joseph, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *Elbert Harrington*.....

Licensed Embalmer No. *3258 Mo.*.....

P. O. Address *St. Joseph, 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.