

FILED NOV 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36284**

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

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>4040</u>		Registrar's No. <u>243</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>2nd Street</u>				d. STREET ADDRESS (If rural, give location) <u>2nd Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Iva</u>		b. (Middle) <u>W</u>		c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6th 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>February 2, 1878</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR <u>9</u> Months <u>4</u> Days		IF UNDER 24 HRS. <u></u> Hours <u></u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W J Fleener</u>		13b. MOTHER'S MAIDEN NAME <u>Iowa Virginia Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Rudolph O Harris</u>			
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 <u>R O Harris</u> ADDRESS <u>Cole Camp Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES <u>Cerebral Apoplexy</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u></u>				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) <u>Cole Camp Mo Benton Mo</u>			
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>1-1-49</u> , 19 <u>49</u> , to <u>11-6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-5-49</u> , 19 <u>49</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>G. W. Moulton M.D.</u>				23b. ADDRESS <u>Cole Camp Mo</u>		23c. DATE SIGNED <u>11-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 8th 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 8, 1949</u>		REGISTRAR'S SIGNATURE <u>E L Eickhoff</u> <u>394</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E L Eickhoff</u> ADDRESS <u>Cole Camp Mo</u>			

RECEIVED  
District Health Officer No. 7,  
District File Number 10-49-130  
Date Filed 11-16-54

MAK 3 1954

**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.....

*E. L. Eickhoff*

Signed.....

Student Embalmer

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.