

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40173

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 324			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place) 11 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		21			
d. FULL NAME OF HOSPITAL OR INSTITUTION Tyler Convalescent Home				d. STREET ADDRESS (If rural, give location) 213 W. Ash St.					
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) RELDA c. (Last) HARRIS			4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1949						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 1, 1870			
9. AGE (In years last birthday) 79		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 YEAR Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Boone County, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.									
13a. FATHER'S NAME William Greene.			13b. MOTHER'S MAIDEN NAME Mary (unknown)		14. NAME OF HUSBAND OR WIFE Drew D. Harris				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Claude L. Heether, Columbia, Mo.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days  352X	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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 Jan 10, 1949, to Dec-28, 1949, that I last saw the deceased alive on Dec-24, 1949, and that death occurred at 7:30 p. m., from the causes and on the date stated above.									
23a. SIGNATURE F. C. Nuggett M.D.				23b. ADDRESS Columbia Mo		23c. DATE SIGNED 12-28-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 30, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery		24d. LOCATION (City, town, or county) (State) Boone County, Missouri			
DATE REC'D BY LOCAL REG. Dec 30 1949		REGISTRAR'S SIGNATURE Mrs R E Palmer 31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parson Funeral Service, Columbia, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JAN 4 1950  
District Health Officer No. 9,  
District File Number

**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..... *Thomas L. Truening* .....  
Licensed Embalmer No. *4132* .....  
P. O. Address *Columbia* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)  
If this body is not embalmed, fact should be so stated above.