No. 300
10.48

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

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40873

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 5455 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): REPUBLIC "RURAL"
c. LENGTH OF STAY (In this place): 5 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MAIN STREET (HOME)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): REPUBLIC "RURAL"
d. STREET ADDRESS (If rural, give location): MAIN STREET (HOME)

3. NAME OF DECEASED (Type or Print): a. (First) JOE b. (Middle) TURNER c. (Last) HARRIS
4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 1949
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-28-1910
9. AGE (In years last birthday): 39 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MILK ROUTE
10b. KIND OF BUSINESS OR INDUSTRY: HAULING MILK
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: A.L. HARRIS
13b. MOTHER'S MAIDEN NAME: VIRGINIA McALLISTER
14. NAME OF HUSBAND OR WIFE: DOLLY STALCUP, HARRIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Dollie Harris — ADDRESS: REPUBLIC, MO.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* dec. 12, 1949, *to* _____, 19____, *that I last saw the deceased alive on* Dec 12, 1949, *and that death occurred at* 9:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Box 248 Republic, Mo.
23c. DATE SIGNED: 12/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-16-1949
24c. NAME OF CEMETERY OR CREMATORY: BROOKLINE CEMETERY
24d. LOCATION (City, town, or county) (State): GREENE COUNTY MO.

DATE REC'D BY LOCAL REG.: Dec 15-1949
REGISTRAR'S SIGNATURE: Florence Britain 105
25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris — ADDRESS: Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

... Office,

County ..... 49-12-[illegible]70

Date Filed 12-20-49

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 John Alan Harris

Signed .....
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever, 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.