

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1189

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 71

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u> | |
| c. LENGTH OF STAY (in this place) <u>non resident</u> | | d. STREET ADDRESS (If rural, give location) <u>General Delivery</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp. #2</u> | | | |

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|--|--|---------------------------------|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Kester</u> c. (Last) <u>Harris</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 6 - 50</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Colored</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>April 2, 1900</u> | | | 9. AGE (In years last birthday) <u>49</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Slaughter House</u> |
| 11. BIRTHPLACE (State or foreign country) <u>Marshall, Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY |

| | | | | | |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME <u>Bertie Harris</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mo. Vina T. Harris, Higginsville</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>unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Vina T. Harris, Higginsville, Mo.</u> ADDRESS | |

| | | | | | |
|--|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epidural Hemorrhage - Sub Dural</u> | | II. OTHER SIGNIFICANT CONDITIONS: <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage with Interstitial Cerebral</u> DUE TO (c) <u>Hemorrhage due to Traumatism of Head</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

| | | | | | |
|--|--|---|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Slaughter House</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) <u>Higginsville</u> (COUNTY) <u>Lafayette</u> (STATE) <u>Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 5 50 2:30</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Hit with Lard Paddle</u> | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|--|--|
| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u> | | 23b. ADDRESS <u>1034 Duane St. Bluff</u> | | 23c. DATE SIGNED <u>1-7-50</u> | |
| 24. BURIAL, CREMATION, REMOVAL (Specify) <u>removal 4</u> | | 24b. DATE <u>1-9-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Monsey</u> | |
| 24d. LOCATION (City, town, or county) <u>Higginsville, Mo.</u> | | 24e. (State) _____ | | | |

| | | | | | |
|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>1-7-50</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred H. Hoefler & Sons</u> ADDRESS <u>Higginsville, Mo.</u> | |
|--|--|---|--|---|--|

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

FEB 10 1959

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.

WRITE PLAINLY—USING UNFADING INK

etc. It means the disease, injury, or complication which caused death.

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
1-6-50

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.)
FACTORY

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
HIGGINSVILLE LAFAYETTE MO.

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 1-6, 1950, to 1-6, 1950 that I last saw the deceased alive on 1-6, 1950, and that death occurred at 10:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE OF *Frank Elmer* (Degree or title)

23b. ADDRESS
600 East 22nd Street

23c. DATE SIGNED
1-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE
1-9-50

24c. NAME OF CEMETERY OR CREMATORY
Mt. Morsey

24d. LOCATION (City, town, or county) (State)
Higginville MO

DATE REC'D BY LOCAL REG.
1-7-50

REGISTRAR'S SIGNATURE
Sheraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
700 E. Higginville MO

(Licensed Embalmer's Statement on Reverse Side)

S-1189

1950

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.....

Forrest R. Hoefler

Student Embalmer No. *354*

working under my personal supervision.

Student *Forrest R. Hoefler*
Student Embalmer

Signed

Forrest R. Hoefler

Licensed Embalmer No. *4358*

P. O. Address *Higginsville*

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.