

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4867**
Registrar's No. **496**

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 496	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). Missouri b. COUNTY Clay			
b. CITY (If inside corporate limits, write RURAL and give township) Jackson City		c. LENGTH OF STAY (In this place) 6 mo's		c. CITY (If outside corporate limits, write RURAL and give township) Holt		0240	
d. FULL NAME OF HOSPITAL OR INSTITUTION A.C. Conventant Home				d. STREET ADDRESS (If rural, give location) N			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) G c. (Last) HARRIS			4. DATE OF DEATH (Month) (Day) (Year) 2-2-50				
5. SEX Male		6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6-9-1869	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 7 Days 20		IF UNDER 24 HRS. Hours Mins. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, such as retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTH PLACE (State or foreign country) Holt Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Harry H. Harris			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nancy 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 Ruff Harris			ADDRESS 4524 Virginia
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) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500					INTERVAL BETWEEN ONSET AND DEATH 4 Mo's.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500					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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 1-20 , 19 50 , to 2-2 , 19 50 , that I last saw the deceased alive on Feb 2 , 19 50 , and that death occurred at 1:12 m., from the causes and on the date stated above.							
23a. SIGNATURE Frank Paul Lorenzani (degree or title)				23b. ADDRESS 428 South White		23c. DATE SIGNED 2-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-3-50		24c. NAME OF CEMETERY OR CREMATORY New Hope Cem		24d. LOCATION (City, town, or county) (State) Holt, Mo	
DATE REC'D BY LOCAL REG. 2-2-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Dixon L. Kopy			
ADDRESS chidge mo.							

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

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 _____

Dwight L. Kopley

Licensed Embalmer No. *4225*

Signed _____
Student Embalmer

P. O. Address *Indep. 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.