

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5636

State File No.

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 0912 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY OR TOWN <u>Steele</u> and <u>and</u>		c. CITY OR TOWN <u>Steele</u> <u>MO.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Vinnyona Park</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vinnyona Park</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nelson</u> b. (Middle) <u>Harris</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-50</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>5-5-1892</u>		9. AGE (In years last birthday) <u>57</u> <u>9</u> <u>9</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Pine Bluff Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Carl Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Emmermann</u>		14. NAME OF HUSBAND OR WIFE <u>Leslie 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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth White</u> ADDRESS <u>Pharmacia</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Heart Dis.</u>		<u>CHR. PASSIVE CONGESTION LIKE</u>				<u>3 mo.</u>	
ANTECEDENT CAUSES		DUE TO (b) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____				<u>4221</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>GEN ARTERIOSCLEROSIS</u>				<u>1 yr.</u>	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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 13 Feb, 1950, to 14 Feb, 1950; that I last saw the deceased alive on 14 Feb, 1950, and that death occurred at 2:27 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. L. Taylor, M.D.</u>		23b. ADDRESS <u>Steele, Mo</u>		23c. DATE SIGNED <u>22 Feb 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Herronvale Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Herronvale MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman West Co</u> ADDRESS <u>Steele Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-18-50</u>		REGISTRAR'S SIGNATURE <u>L.R. Dickinson</u> <u>249</u>			

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

3-50-81. MAR 0 1950

MAR 3 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed John H. German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.