

FILED MAR 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9889

BIRTH NO. _____		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>4411</u>		Registrar's No. <u>16</u>			
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>				c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u> a. (First)			<u>Henry</u> b. (Middle)			<u>Harris</u> c. (Last)			
4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>26</u>		(Year) <u>1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec 21 1877</u>			
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>2</u>		IF UNDER 1 DAY Days <u>4</u>		IF UNDER 1 HOUR Hours <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hammer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co. MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13a. FATHER'S NAME <u>John Le Harris</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Montague Lela Harris</u>			14. NAME OF HUSBAND OR WIFE <u></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u></u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Chas. Green</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>				<u>yes</u>		
			DUE TO (c) <u>Atherosclerosis</u>				<u>yes</u>		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>				<u>yes</u>		
19a. DATE OF OPERATION <u>✓</u>			19b. MAJOR FINDINGS OF OPERATION <u>✓</u>					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.) <u>✓</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR <u>✓</u>				
22. I hereby certify that I attended the deceased from <u>1946</u> to <u>2-26</u> , 19 <u>50</u> that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>50</u> , and that death occurred at <u>3 1/2</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>M. Mathews</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Bowling Green MO</u>		23c. DATE SIGNED <u>2-25-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>		24d. LOCATION (City, town, or county) (State) <u>Bowling Green MO</u>			
DATE REC'D BY LOCAL REG. <u>3-8-50</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u> <u>254</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead</u> ADDRESS <u>Bowling Green MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 20 1950

District Health Officer No. 1

District No. Number 3-50-48

Date Filed MAR 20 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Harold C. Kiska

Signed.....
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.