FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11616

BIRTH NO. _____ REG. DIST. NO. 533 PRIMARY REG. DIST. NO. 6117 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Diehlstadt
c. LENGTH OF STAY (In this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.2, Box 73, Charleston, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Diehlstadt
d. STREET ADDRESS (If rural, give location): R.2, Box 73, Charleston, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Dan
b. (Middle):
c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): March 19, 1950

5. SEX: Male ✓

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 15, 1880

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months: 3 Days: 4
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Nashville, Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Mrs. Pearl 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 ADDRESS: Mrs. Pearl Harris, R.2, Diehlstadt, Mo.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

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

DUE TO (b) Right Hemeplegia — 5-92X

DUE TO (c) Chronic Nephritis — 4 months (Hist)

II. OTHER SIGNIFICANT CONDITIONS
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 ☐ 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* 3-4-, 1950, *to* 3-18-, 1950, *that I last saw the deceased alive on* 3-18-, 1950, *and that death occurred at* 7:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Fingal M.D.

23b. ADDRESS: 204 S. Locust St. Charleston, Mo.

23c. DATE SIGNED: 3-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 22, 1950

24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State): Charleston, Missouri

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: Mrs. Ella Hunter 429

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F. L. Sparks, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NO FILE
ENCLOS
MAR 2

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Guardea

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.