

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12408

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4147 Registrar's No. 12

| | | | |
|----------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cooper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bunceton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bunceton</u> | |
| c. LENGTH OF STAY (If applicable place) <u>Life</u> | | 0270 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street numbers</u> | | d. STREET ADDRESS (If rural, give location) <u>No street numbers</u> | |

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|-------------------------------------|--------------------------|---------------------------|-------------------------|-------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Alonzo</u> | b. (Middle) <u>MONROE</u> | c. (Last) <u>Harris</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>5/2/1950</u> |
|-------------------------------------|--------------------------|---------------------------|-------------------------|-------------------------------------------------------|

| | | | | | | | |
|--------------------|-------------------------------|-----------------------------------------------------------------------|------------------------------------|-------------------------------------------|------------------------|------------------------|----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct-5-1867</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|-----------------------------------------------------------------------|------------------------------------|-------------------------------------------|------------------------|------------------------|----------------------|

| | | | |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|-------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u> | 11. BIRTHPLACE (State or foreign country) <u>Chariton Co Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|-------------------------------------------|

| | | |
|--------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| 13a. FATHER'S NAME <u>Charles Binsley Harris</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy E. Washurst</u> | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth Hayes</u> |
|--------------------------------------------------|----------------------------------------------------|----------------------------------------------------|

| | | | |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------|-------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no, or unknown) (If yes, give war or date of service) <u>Yes</u> | 16. SOCIAL SECURITY NO. <u>0</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth H. Harris</u> | ADDRESS <u>Bunceton</u> |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------|-------------------------|

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> | | |
| | DUE TO (c) <u>Arterial hypertension</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Plural effusion</u> | | 3. weeks | |

| | | |
|------------------------|-------------------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|-------------------------------------------|----------------------------------------------------------------------------------|

| | | |
|----------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 21a. ACCIDENT (Specify) <u>SUICIDE</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u> |
|----------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------|

| | | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|
| 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 1-1, 1947, to 5-2, 1950, that I last saw the deceased alive on 4-29, 1950 and that death occurred at 5 a.m., from the causes and on the date stated above.

| | | | |
|-----------------------------------|-------------------|---------------------------------|--------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) | 23b. ADDRESS <u>9 Epton Mo.</u> | 23c. DATE SIGNED <u>5-2-50</u> |
|-----------------------------------|-------------------|---------------------------------|--------------------------------|

| | | | |
|---------------------------------------------------------|----------------------------|--------------------------------------------------------------------|-----------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 4, 50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem. Bunceton Mo</u> | 24d. LOCATION (City, town, or county) (State) |
|---------------------------------------------------------|----------------------------|--------------------------------------------------------------------|-----------------------------------------------|

| | | | | |
|------------------------------------------|---------------------------------------------|----|----------------------------------------------------------|--------------------------|
| DATE REC'D BY LOCAL REG. <u>May 4-50</u> | REGISTRAR'S SIGNATURE <u>Melba Thellett</u> | 73 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richard</u> | ADDRESS <u>Jipton Mo</u> |
|------------------------------------------|---------------------------------------------|----|----------------------------------------------------------|--------------------------|

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

270

7.2/50
RECEIVED

MAY 12

District Health Officer No. 8,

District File Number _____

Date Filed 5/12/50

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

James E. Richard

Licensed Embalmer No. 2466

P. O. Address Lipton 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.