

FILED MAY 3 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14287**BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6075** Registrar's No. **157**

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leadington		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leadington,		098	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) CLARENCE ELZA HARRIS			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April-19-1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct-25-1896		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Days 5	IF UNDER 4 HRS. Hours 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY lead		11. BIRTHPLACE (State or foreign country) Iron County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James W. Harris			13b. MOTHER'S MAIDEN NAME Jane Silvey		14. NAME OF HUSBAND OR WIFE Hazel Harris		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes War # 1		16. SOCIAL SECURITY NO. 493-05-0099		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Harris Leadington, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					151X	
19. DATE OF OPERATION 4/19/50	19b. MAJOR FINDINGS OF OPERATION Carcinoma stomach						
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 Aug , 19 48 , to 4-19-50 , that I last saw the deceased alive on 4-19-50 , and that death occurred at 10:30 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M D Desloge				23b. ADDRESS Desloge, Missouri		23c. DATE SIGNED 4-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April-21-50	24c. NAME OF CEMETERY OR CREMATORY Big River Cemetery		24d. LOCATION (City, town, or county) (State) Near Irondale, Mo			
DATE REC'D BY LOCAL REG. Apr 21, 1950	REGISTRAR'S SIGNATURE Eather Rudolph			25. FUNERAL DIRECTOR'S SIGNATURE SPARKS	ADDRESS Flat River, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 1 1950

DISTRICT HEALTH OFFICE No. 4

File No. 550-639

MAY 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.

Student _____
Student Embalmer

Signed

Murphy Sparks

Licensed Embalmer No.

4236

P. O. Address

1st Ave

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.