

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>142</u>	
1. PLACE OF DEATH a. COUNTY <u>S t. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> <u>RURAL</u>		c. LENGTH OF STAY (In this place) <u>27Y; 3M</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u>		0721	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>REUBEN</u>		b. (Middle) <u>C.</u>		c. (Last) <u>HARRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Abt. 1900</u>	9. AGE (In years last birthday) <u>Abt. 50</u>		IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Malden, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse Harris</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital No. 4, Farmington, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1) Coronary occlusion - - - - - Abt. 2 hrs.</u> <u>2) Ascites - - - - - Abt. 9 mos.</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cirrhosis of the liver, etiology unknown, - - - - -</u>  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH  <u>Unknown.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Praecox Psychosis - - - - -</u>		27 years.					
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? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 28, 1949</u> , to <u>April 12, 1950</u> , that I last saw the deceased alive on <u>April 12, 1950</u> , and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>John A. Brennan M.D.</u>				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>4-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 15, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell Funeral Home, Piggott, Arkansas</u>			

100-1000

MAY 28 1950

EMERALD HEALTH OFFICE No. 1

File No. 550-719

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 *C. Hozean*.....

Licensed Embalmer No. 4084.....

P. O. Address Farmington, 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.