

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0390
19917
State File No.

BIRTH NO. 27028-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 554

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield South Campbell Ship.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, state location) Rt. 3, Box 230-F	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Henry c. (Last) Harris			4. DATE OF DEATH (Month) (Day) (Year) June 13 1950		
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
		Never Married		8. DATE OF BIRTH June 6, 1950	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
7		7		7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			10b. KIND OF BUSINESS OR INDUSTRY Child		
11. BIRTHPLACE (State or foreign country) Springfield, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Cecil C. Harris		13b. MOTHER'S MAIDEN NAME Lillie Honeycutt		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Cecil C. Harris	
				ADDRESS Springfield, Mo. R.R. #3	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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)		Premature Birth 30 weeks		7 days	
		ANTECEDENT CAUSES		DUE TO (b)			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Polio by dramaticus			
		DUE TO (c)		Improperly developed			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				7735	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **June 6, 1950**, to **June 13, 1950**, that I last saw the deceased alive on **June 13, 1950**, and that death occurred at **2 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. S. Bruton M.D.		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 6/13/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-15-50		24c. NAME OF CEMETERY OR CREMATORY Souder		24d. LOCATION (City, town, or county) (State) Souder Missouri	
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DATE REC'D BY LOCAL REG. 6-15-50		REGISTRAR'S SIGNATURE W. E. Standley		25. FUNERAL DIRECTOR'S SIGNATURE Linkingbeard Funeral Home, Ava, Mo		ADDRESS	
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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

Charles R. Fish

Licensed Embalmer No. *4662*

P. O. Address *Ava, 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.