

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25742

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Rural, Marshall Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State School,		d. STREET ADDRESS (If rural, give location) Big Bend & Eads Road	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Eleanor c. (Last) Harris			4. DATE OF DEATH (Month) (Day) (Year) Aug 2, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 9, 1930		9. AGE (In years last birthday) 19 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Maplewood, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Earl Frank Harris.		13b. MOTHER'S MAIDEN NAME Eleanor Johnston		14. NAME OF HUSBAND OR WIFE never married	
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. none		17. INFORMANT'S SIGNATURE OR NAME Records of Missouri State School, Marshall, Mo. ADDRESS	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 7222	
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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 checked="" 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 Investigated the death 8-2-50 to 1950, 1950, that I last saw the deceased alive on _____, 1950 and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE P. L. Lawrence Cronce (Degree or title)		23b. ADDRESS Saline, Marshall Mo.		23c. DATE SIGNED 8-2-50	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Aug 5-1950		24c. NAME OF CEMETERY OR CREMATORY Missouri State School		24d. LOCATION (City, town, or county) (State) Marshall Mo	
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DATE REC'D BY LOCAL REG. Aug 4-1950		REGISTRAR'S SIGNATURE Sidney J. Gray 385		25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger ADDRESS Marshall Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-7
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-7-20

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.

Signed _____

Joseph R. Mackler

Signed _____

Student Embalmer

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.