S. No. 300
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FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26356

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5287 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY Clay Ray.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural
c. LENGTH OF STAY (In this place) 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fishing River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY Clay.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural 0240
d. STREET ADDRESS (If rural, give location) R. F. D. Excelsior Springs.

3. NAME OF DECEASED (Type or Print)
a. (First) Maria b. (Middle) Luella c. (Last) Harris.

4. DATE OF DEATH (Month) (Day) (Year) July. 22. 1950.

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 5, Oct. 1867.
9. AGE (In years last birthday) 82 — 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) house keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Middleburg. Ohio.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew Powell
13b. MOTHER'S MAIDEN NAME Rachel Clugg.
14. NAME OF HUSBAND OR WIFE Ephriam Harris.

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. no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Harris. Warrensburg. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia secondary to Anuria — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Carcinoma of Cecum — 7 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 153X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) Excelsior Springs (COUNTY) Clay (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 10, 1950, *to* July 22, 1950, *that I last saw the deceased alive on* July 11, 1950, *and that death occurred at* 7 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE C. B. Rohrbaugh (Degree or title) Mo.
23b. ADDRESS Ex. Sprgs. Mo
23c. DATE SIGNED 7/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 24, July, 1950.
24c. NAME OF CEMETERY OR CREMATORY Sunset Hill
24d. LOCATION (City, town, or county) (State) Warrensburg. MO.

DATE REC'D BY LOCAL REG. 7/25/50
REGISTRAR'S SIGNATURE Caroline Hutchings 6-2
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips. Warrensburg. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 7 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Leo P. McGuirk, Student Embalmer No. 358, working under my personal supervision.

Student Leo P. McGuirk
Student Embalmer

Signed R. Q. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.