

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 2000 Registrar's No. 792

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2652 N. GRANT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2652 N. GRANT</u>		e. STREET ADDRESS <u>2652 N. GRANT</u>	

3. NAME OF DECEASED (Type or Print) <u>GEORGE</u>	a. (First) <u>W.</u>	b. (Middle) <u>HARRIS</u>	c. (Last) <u>SEPT. 4 1950</u>	4. DATE OF DEATH (Month) (Day) (Year)
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7 APRIL 1887</u>	9. AGE (In years last birthday) <u>63</u>	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	11. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD FOREMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>LILLIAN HARRIS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>JAMES A. HARRIS</u>	ADDRESS <u>SPGFD. MO.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lobar pneumonia Left lower Lobe</u> DUE TO (c)		8 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201

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) (Min.)	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 Oct. 17, 1949, to Sept 4, 1950, that I last saw the deceased alive on Sept 4, 1950 and that death occurred at 8:40 A. m., from the causes and on the date stated above.

23. SIGNATURE <u>Paul C. Norton</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>1630 N. Jefferson Springfield Missouri</u>	23c. DATE SIGNED <u>Sept 6, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>T.O.O.F. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SPARTA MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-7-50</u>	REGISTRAR'S SIGNATURE <u>W.C. Handley</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. Klingner & Co.</u>	ADDRESS <u>Spfld. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 14 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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.