

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31187
Registrar's No. 16

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 5835

0730
3

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

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| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spring City</u> | c. LENGTH OF STAY (in this place) <u>10 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway</u> | | d. STREET ADDRESS (If rural, give location) <u>RFD 1</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> | b. (Middle) <u>G.</u> | c. (Last) <u>Harris</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1950</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 14 1904</u> | 9. AGE (In years last birthday) <u>46</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Mins. _____ |
|----------------------|-------------------------------|---|-------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | 11. BIRTHPLACE (State or foreign country) <u>Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>W. H. Liggett</u> | 13b. MOTHER'S MAIDEN NAME <u>May E. Cunningham</u> | 14. NAME OF HUSBAND OR WIFE <u>John Harris</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>John Harris RFD1 Neosho, Mo.</u> | ADDRESS _____ |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 1/2 hrs.</u> |
| | 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. | | |

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| 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) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Public Highway</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newton County Missouri</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-7-'50 11 P. m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Head on collision of Car + Truck.</u> |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Orley Thompson County 3</u> | 23b. ADDRESS <u>Neosho Missouri</u> | 23c. DATE SIGNED <u>9/9/1950</u> |
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| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-12-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u> | 24d. LOCATION (City, town, or county) (State) <u>Neosho Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>9-10-50</u> | REGISTRAR'S SIGNATURE <u>Ed. James 224</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary</u> | ADDRESS <u>Joplin Mo</u> |
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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 950-205

Date Filed SEP 18 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.

Signed _____
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.