

No. 300
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FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. **32591**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 250		
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, write RURAL and give town) Columbia		c. LENGTH OF STAY (In this place or township) 79 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Columbia 0104				
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanford Convalescent Home				d. STREET ADDRESS (If rural, give location) 505 Park Ave.				
3. NAME OF DECEASED (Type or Print) JESS			a. (First)		b. (Middle)		c. (Last) HARRIS	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 6th 1950		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Sept. 10th 1871		9. AGE (In years last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10b. KIND OF BUSINESS OR INDUSTRY Transfer		
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Mr. Harris		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Alice Harris		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 Alice Harris, Columbia 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 3 days		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Osteoarthritis				10 yrs.		
		DUE TO (c) Chronic Myocarditis				10 yrs.		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331X		
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan. 1970 , to October, 1950 , that I last saw the deceased alive on Oct 5 , 1950, and that death occurred at 9 P. M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Earl Dietrich, M.D., M.P., Bldg. Columbia Mo.				23b. ADDRESS		23c. DATE SIGNED 10-10-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 10-10-1950		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Columbia Mo.		
DATE REC'D BY LOCAL REG. Oct. 10 1950		REGISTRAR'S SIGNATURE Miss R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Stuart R. Parker		ADDRESS Columbia Mo.		

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

RECEIVED

10-17-57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-17-57

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, as by

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, Md.

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.