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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Greundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>FRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u> <u>0402</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1332 Harris Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>1332 HARRIS AVE.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BETTY</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>HARRIS TRACY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 13 50</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, ³ WIDOWED, DIVORCED <u>WIDOWED DIVORCED</u>	8. DATE OF BIRTH <u>4-16-1973</u>	9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House keeper</u>	11. BIRTHPLACE (State or foreign country) <u>MERCER, CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>E. Rector</u>	13b. MOTHER'S MAIDEN NAME <u>Stath Nancy Chandler</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Geil Davis</u> ADDRESS <u>Trenton 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		<u>331X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC MYOCARDITIS</u>			

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) _____	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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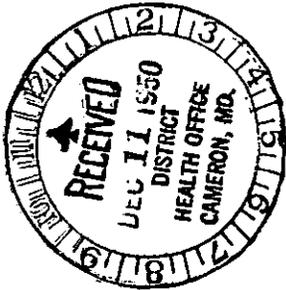
22. I hereby certify that I attended the deceased from 11-9-, 1950, to 11-13-, 1950, that I last saw the deceased alive on 11-16-, 1950, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. A. Fuson M.D.</u> (Degree or title)	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>11-15-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>TRENTON, MO.</u>
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DATE REC'D BY LOCAL REG. <u>11-15-50</u>	REGISTRAR'S SIGNATURE <u>Jane Fair</u> <u>115</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DAVIS - BLACKMORG</u> ADDRESS <u>TRENTON, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 _____

working under my personal supervision.

Signed.....
Student Embalmer

M. A. [Signature]
Student Embalmer No.
Signed *Raymond A. Davis*
Licensed Embalmer No. 3424
P. O. Address Denton, Md.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.