

S. No. 300  
EV. 10.48

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39697  
Registrar's No. 336

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 336	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		0883	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stickler Hospital				d. STREET ADDRESS (If rural, give location) 612 W. Coates			
3. NAME OF DECEASED (Type or Print) a. (First) Homer		b. (Middle) Henry		c. (Last) Harris		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1950	
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 5, 1884	
9. AGE (In years last birthday) 66		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) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Warehouse		11. BIRTHPLACE (State or foreign country) Schuyler County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William H. Harris		13b. MOTHER'S MAIDEN NAME Hettie Biehl		14. NAME OF HUSBAND OR WIFE Ethel Hetrick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-12-8416		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Doris Mosley, Kirksville, 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) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
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 <u>Dec. 10</u> , 1950, to <u>Dec. 13</u> , 1950, that I last saw the deceased alive on <u>Dec. 13</u> , 1950, and that death occurred at <u>2:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. D. Stickler M.D.</u>				23b. ADDRESS Kirksville, Missouri		23c. DATE SIGNED 12/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/16/50		24c. NAME OF CEMETERY OR CREMATORY Downing		24d. LOCATION (City, town, or county) (State) Downing, Missouri	
DATE REC'D BY LOCAL REG. 12-15-50		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Riley Kirksville, Mo.			

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

0013

DEC 28 1950

DEC 27 1950

Date Received: DEC 19 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 1A-50-21  
Date Filed: DEC 20 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~~.....

*Glen A. Gibbons*

working under my personal supervision.

Student Embalmer No.....

Signed *Glen A. Gibbons*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4624*

P. O. Address *Berkville 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.

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