

FILED MAR 5 1951 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4617

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains	
c. LENGTH OF STAY (In this place) 15 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION residence		d. STREET ADDRESS (If rural, give location) 1129 St. Louis Street	

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle) (none)	c. (Last) HARRIS	4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 30, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Phelps County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm. Marcum	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE James Arthur Harris
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME James Arthur Harris	ADDRESS W.Plains, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4343
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enlarged Heart		
	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. Stimulity			

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 1/1, 1951, to 2/11, 1951, that I last saw the deceased alive on 2/3, 1951, and that death occurred at 9:15a m., from the causes and on the date stated above.

23a. SIGNATURE W. B. Forest M.D.	(Degree or title)	23b. ADDRESS 217 Mission Ave. West Plains, Mo.	23c. DATE SIGNED 2/15/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 13, 1951	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	24d. LOCATION (City, town, or county) (State) West Plains, Missouri
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DATE REC'D BY LOCAL REG. 2-20-51	REGISTRAR'S SIGNATURE Beatrice Cook	379	25. FUNERAL DIRECTOR'S SIGNATURE Hal Thourburt	ADDRESS W. Plains, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

461

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 26 1957

Dist. File 251-437

Date Filled 2-28-57

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, ~~or by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains

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.