

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9795

0940

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cantwell,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cantwell	
c. LENGTH OF STAY (In this place) 15 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cantwell			
3. NAME OF DECEASED a. (First) Spencer b. (Middle) Thomas c. (Last) Harris			4. DATE OF DEATH (Month) (Day) (Year) March 12 1951
5. SEX male D	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH Dec. 12, 1894
9. AGE (In years last birthday) 56		10. MONTHS 3	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Cedar Falls Near Desloge Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Marshall Harris	
13b. MOTHER'S MAIDEN NAME Adilia Highley		14. NAME OF HUSBAND OR WIFE Edith Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 199-03-5239	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith Harris Cantwell, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 min	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease unknown		- 4/201	
DUE TO (c) Pre. Coronary attack 1 yr ago			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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 June 1950, to March 12, 1951, that I last saw the deceased alive on March 10, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE J. L. Foster, D. M.D. (Degree or title)		23b. ADDRESS Desloge Mo.	23c. DATE SIGNED 3-14-51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial (1)	24b. DATE 3/15/51	24c. NAME OF CEMETERY OR CREMATORY Park View	24d. LOCATION (City, town, or county) (State) Farmington, Mo.
DATE REC'D BY LOCAL REG. Mar. 16, 1951	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Z. BAKER & SON Desloge	

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 19 1951

RECEIVED

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.

Student Embalmer No.

Signed _____

S. T. Boyer

Signed.....
Student Embalmer

Licensed Embalmer No. *3660*

P. O. Address *Sealeys, 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.