

RN 150 JUN 22 1951
SC-UNKTHE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19534

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>260</u>	
1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT			
b. CITY (If outside corporate limits, write RURAL and give town or township) POPLAR BLUFF				c. CITY (If outside corporate limits, write RURAL and give township) CHAFFEE			
c. LENGTH OF STAY (In this place) 8 Days				d. STREET ADDRESS (If rural, give location) 110 W. PARKER AVE.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Vets. & Admin. Hospital							
3. NAME OF DECEASED (Type or Print)		a. (First) CECIL		b. (Middle) C.		c. (Last) HARRIS	
4. DATE OF DEATH		(Month) 5		(Day) 25		(Year) 51	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-11-90	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 10 Days 14		IF UNDER 24 HRS. Hours 11 Mins. 05			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad (Retired)				10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) MALDEN, MO.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME William Harris				13b. MOTHER'S MAIDEN NAME Florence Nealy		14. NAME OF HUSBAND OR WIFE Eva I. Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME V.A. HOSPITAL RECORDS, POPLAR BLUFF, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA				INTERVAL BETWEEN ONSET AND DEATH 2 Yrs.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC GLOMERULONEPHRITIS					
		DUE TO (c) _____					
		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 592X				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) (m.)		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>5-17-51</u> , 19 <u> </u> , to <u>5-25-51</u> , 19 <u> </u> , and that death occurred at <u>11:05</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D. OFFICER OF THE DAY				23b. ADDRESS V. A. Hospital, Poplar Bluff, Mo.		23c. DATE SIGNED 5-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE UNK.		24c. NAME OF CEMETERY OR CREMATORY CHAFFEE CEMETERY (?)		24d. LOCATION (City, town, or county) (State) CHAFFEE, MO.	
DATE REC'D BY LOCAL REG. 6-11-51		REGISTRAR'S SIGNATURE H. S. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell ADDRESS Poplar Bluff, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

* 0123

RECEIVED

JUN 20 1951

BUTLER CO. HEALTH CENTER

FILE No. 651-272

1967 OCT 10 10 08

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: *George A. Berby*

Signed.....
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address *Dollar Bluff*

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.