

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23730

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 252

644
0

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

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL	c. LENGTH OF STAY (In this place) 3 DA	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL 0644	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEYERING HOSP.		d. STREET ADDRESS (If rural, give location) 314 CENTER ST. 0	

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) MAUD c. (Last) HARRIS	4. DATE OF DEATH (Month) (Day) (Year) AUG. 3, 1951				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 6, 1874	9. AGE (In years last birthday) Months Days 78 10 27	IF UNDER 1 YEAR Hours Min. 10 27
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) MO. 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME JOHN BOUNDS	13b. MOTHER'S MAIDEN NAME KIZZIE SMITH	14. NAME OF HUSBAND OR WIFE JESSE HARRIS
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 ADDRESS Eula Owens, HANNIBAL, 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		INTERVAL BETWEEN ONSET AND DEATH 2 days 1 week ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) terminal pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral vascular accident DUE TO (c) Hypertension		
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 331X	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.) Hannibal Marion Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 8:30 a.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 **7-28-51**, 19**51**, to **8-3-51**, 19**51**, that I last saw the deceased alive on **8-3-51**, 19**51**, and that death occurred at **12:45A** m., from the causes and on the date stated above.

23a. SIGNATURE J. Weitzsching M. O.	(Degree or title)	23b. ADDRESS 508 Broadway Hannibal Mo	23c. DATE SIGNED 8-4-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 4, 1951	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MO.
DATE REC'D BY LOCAL REG. 8-6-51	REGISTRAR'S SIGNATURE W. B. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakey, PARIS, Mo.	

RECEIVED AUG 13 1951
MARION CO. HEALTH DEPT.
DATE FILED AUG 13 1951

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.....
Student Embalmer

Signed..... *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.