

FILED NOV 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33017

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 135

0272

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) 202 McROBERTS STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 202 McROBERTS STREET		d. STREET ADDRESS (If rural, give location) 202 McROBERTS STREET	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) RAYMOND c. (Last) HARRIS			4. DATE OF DEATH (Month) (Day) (Year) OCT. 24-1951			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH SEPT. 14-1898	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POULTRY WORKER		10b. KIND OF BUSINESS OR INDUSTRY STAMPER PLANT	11. BIRTHPLACE (State or foreign country) COOPER COUNTY - MO.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME GEORGE L. HARRIS	13b. MOTHER'S MAIDEN NAME SARAH E. BANES	14. NAME OF HUSBAND OR WIFE NONE
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. 495-07-6149	17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRED HARRIS - MEXICO 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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia - Bladder Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4-6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, Urinary Bladder 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 181X	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 Oct 19, 1951, to Oct. 24, 1951, that I last saw the deceased alive on Oct 24, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. T. Humphreys, M.D.	23b. ADDRESS Boonville, Mo.	23c. DATE SIGNED Oct. 26, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 26-1951	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEMETERY
24d. LOCATION (City, town, or county) (State) BOONVILLE - MO.		

DATE REC'D BY LOCAL REG. 10-28-51	REGISTRAR'S SIGNATURE D. Cooper 381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEGNER FUNERAL HOME - BOONVILLE
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

1951

DISTRICT OFFICE No. 3

District No. _____

Date Filed 10/5

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 James W. Segner
Student Embalmer No. _____
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.