

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33101**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **117**

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

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett</b>	
c. LENGTH OF STAY (In this place) <b>15 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>804 N. VANDIVER</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) <b>804 N. VANDIVER</b>			

3. NAME OF DECEASED a. (First) <b>CHARLIE</b> b. (Middle) _____ c. (Last) <b>HARRIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 - 7 - 1951</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>July 6, 1890</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months   Days <b>61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PLASTERER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BUILDING</b>	11. BIRTHPLACE (State or foreign country) <b>DALLAS, TEXAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>CHARLIE HARRIS</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Mildred HARRIS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mildred Harris Kennett</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>
	ANTECEDENT CAUSES <b>Hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio-Vascular Renal disease</b>		
	DUE TO (c) <b>disease</b>		
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 <b>442X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Dec**, 19**49**, to **Oct 5**, 19**51**, that I last saw the deceased alive on **Oct 5**, 19**51**, and that death occurred at **2:29 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chester R. Peck M.D.</b> (Degree or title)		23b. ADDRESS <b>Kennett, Mo.</b>		23c. DATE SIGNED <b>Oct 8</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>buried</b>		24b. DATE <b>10/11/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kennett, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>10-25-1951</b>		REGISTRAR'S SIGNATURE <b>Carl H. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul Salmon - Kennett Mo.</b>	
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-25-51

COUNTY FILE NUMBER 1051-285

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 Amel A. Moon

Licensed Embalmer No. 4636

P. O. Address Hamlet, 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.