.S. No. 300
ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38468

FILED NOV 29 1951

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 268

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
d. STREET ADDRESS (If rural, give location): 822 No Ault

3. NAME OF DECEASED (Type or Print): a. (First): Donna b. (Middle): Sue c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18th 1951

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S

8. DATE OF BIRTH: Nov. 4th 1946

9. AGE (In years last birthday): 5 — If under 1 year: Months —, Days 14; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mo

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Wesley Harris

13b. MOTHER'S MAIDEN NAME: Alliene Hern

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Wesley Harris **ADDRESS**: Moberly, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Tonsillitis, membranous; Marked cervical adenitis

DUE TO (c) Lobar pneumonia; Acute nephritis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Tracheotomy, soon after admission. Almost pure culture of staph.

510A

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: I believe this to be an overwhelming resistant staph. infection

20. AUTOPSY? YES ☐ NO ☒

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) Moberly (COUNTY) Randolph (STATE) Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 16 Nov, 1951, *to* 18 Nov, 1951, *that I last saw the deceased alive on* 18 Nov, 1951, *and that death occurred at* 1:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Chute **(Degree or title)**: MD

23b. ADDRESS: 208½ N 4th Moberly, Mo

23c. DATE SIGNED: 19 Nov 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov 20th 1951

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Monroe City, Mo

DATE REC'D BY LOCAL REG.: Nov 20-51

REGISTRAR'S SIGNATURE: Leah Williams 269

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Mahan and Low, Moberly, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2109
Date Filed: NOV 26 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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Frank D. DeHart

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.