

STANDARD CERTIFICATE OF DEATH

State File No. 40448

FILED NOV 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6167 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <b>STONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>STONE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>"RURAL" UNION</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>"Rural" STONE</b>	
c. LENGTH OF STAY (in this place) <b>4 1/2 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>RT.# 1, BILLINGS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RT.# 1, BILLINGS</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>	b. (Middle) <b>TELL</b>	c. (Last) <b>HARRIS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 14 1951</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 26 - 1886</b>
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>HIGHLANDVILLE - MISSOURI</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>SEBURN HARRIS</b>	13b. MOTHER'S MAIDEN NAME <b>SWENNIE HOWARD</b>	14. NAME OF HUSBAND OR WIFE <b>JOYCE GOLD, HARRIS</b>
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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 AND NAME ADDRESS <b>MRS. JOYCE HARRIS, RT.#1, BILLINGS Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 Minutes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>4201</b>
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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?
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22. I hereby certify that I attended the deceased from **Sept**, 1948, to **October**, 1951, that I last saw the deceased alive on **1 Oct**, 1951, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Karl J. Leidinger Jr.</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Republic, Mo.</b>	23c. DATE SIGNED <b>10-18-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-16-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. CARMEL</b>	24d. LOCATION (City, town, or county) (State) <b>CHRISTIAN CO., MO.</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 25-51</b>	REGISTRAR'S SIGNATURE <b>Ms. J. Almer Brossard</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John Alan Harris Cleve, Mo.</b>
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*per Lina Murray* (Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

Department for Springfield

RECEIVED NOV 10 1951

Disc No. 1151-1984

Date Filed 11-14-51

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 *John Alan Harris*

Licensed Embalmer No. 4390

P.-O. Address *Cleveland, 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.