

FILED DEC 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40492

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon 1080</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Sup.</u>		c. LENGTH OF STAY (In this place) <u>4-7-18</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cassville Mo. 0050</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ann</u>			b. (Middle) <u>-</u>		c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-22-51</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single 0</u>		8. DATE OF BIRTH <u>Unknown</u>	
9. AGE (In years last birthday) <u>79+</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown 9</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Bernett Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel E. Brown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital # 3 Nevada</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs +</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>2-4-1947</u> , to <u>11-22-1951</u> , that I last saw the deceased alive on <u>11-22-1951</u> , and that death occurred at <u>12:57 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.P. Benish, M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hospital # 3.</u>		23c. DATE SIGNED <u>11-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>11-25-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem. Cassville Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>11-22-1951</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry 451</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calver's Cassville, Mo.</u>			

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED, NOV 27 1951

Dist. File 1157-2082

Date Filed 11-27-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed: G. E. Culver

Signed.....
Student Embalmer

Licensed Embalmer No. 3584

P. O. Address Cassville, Md

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.