

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1952

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. CITY (If outside corporate limits, write RURAL and give township) Moberly	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 301 Northhead	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hospital			

3. NAME OF DECEASED (Type or Print) NINA GARNET HARRIS			4. DATE OF DEATH (Month) (Day) (Year) February - 3 - 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 16 - 1894		9. AGE (In years last birthday) 57		10. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Clark Missouri	

13a. FATHER'S NAME John B. Harris		13b. MOTHER'S MAIDEN NAME Effie Davis Lyon		13c. NAME OF HUSBAND OR WIFE Marion E. Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME M. E. Harris ADDRESS Moberly Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		DUPLICATE OF (a) Hypostatic pneumonia		DUPLICATE OF (a) 1 day	
ANTECEDENT CAUSES		DUPLICATE OF (b) C.A. of Cervix uteri		DUPLICATE OF (b) year	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)		DUPLICATE OF (c)	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE OF (c)		DUPLICATE OF (c)	
DUPLICATE OF (c)		DUPLICATE OF (c)		DUPLICATE OF (c)	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION C.A. of Cervix		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 **Jan 29, 1952** to **Feb 3, 1952** that I last saw the deceased alive on **Feb 3, 1952**, and that death occurred at **1:35 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE w. H. McCormick, D.O., V. (Degree or title)		23b. ADDRESS 300 1/2 Reed St. Moberly Mo.		23c. DATE SIGNED 2-4-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 2/5/1952		24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	
24d. LOCATION (City, town, or county) (State) 5 Miles East of Kennett Mo.		24e. NAME OF LOCAL REGISTRAR'S SIGNATURE Seal Weimer		24f. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home ADDRESS Moberly Mo.	

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

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 _____

R. M. Carter

Licensed Embalmer No. 4117

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.