

FILED MAR 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. 6369 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 574

2264
6

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> <u>0264</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>804 Lafayette St</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Randall</u> b. (Middle) <u>Harris</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 5 - 52</u>		
5. SEX <u>Male</u> 6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Feb 5 - 1952</u>	
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Wilmer Lee Harris Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Wall</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilmer Lee Harris - 804 Lafayette</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Immaturity 26 wks.</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			
ANTECEDENT CAUSES Morbidity 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 <u>776X</u>		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 Feb 5, 1952, to Feb 5, 1952, that I last saw the deceased alive on Feb 5, 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Kanagawa</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1000 Broadway Bldg</u>		23c. DATE SIGNED <u>2/18/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 7 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Longview</u>	
24d. LOCATION (City, town, or county) (State) <u>Cole County</u> <u>Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Feb 29 - 1952</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris MD - DR</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James ... 20 Jefferson</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Licensed Embalmer No.

..... P. O. Address

Body not Embalmed

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.