

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8736

State File No.

FILED ADD BIRTH NO. 8 1952 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 155

495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 59 yrs.		1495	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 1405 Iowa		d. STREET ADDRESS (If rural, give location) 1405 Iowa	

3. NAME OF DECEASED (Type or Print)	a. (First) Roy	b. (Middle) Lee	c. (Last) Harris	4. DATE OF DEATH (Month) (Day) (Year) March 31, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 28, 1892	9. AGE (In years last birthday) 60	10 UNDER 1 YEAR Months Days	10 OVER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Dade County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William G. Harris	13b. MOTHER'S MAIDEN NAME Bessie Grimes	14. NAME OF HUSBAND OR WIFE Nora Harris
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Nora Harris	ADDRESS Joplin, Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion aorta		few days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis generalized		1 hr
DUE TO (c)		unknown	
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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 **(DID NOT ATTEND)**, 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at **5:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. L. Lewis, M.D.	(Degree or title) 3	23b. ADDRESS Specialist Bldg. Joplin	23c. DATE SIGNED 4-1-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/3/52	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cem.	24d. LOCATION (City, town, or county) (State) Joplin Mo.
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DATE REC'D BY LOCAL REG. 4-4-52	REGISTRAR'S SIGNATURE Ed. J. Payne	25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker	ADDRESS Mortuary, Joplin, Mo.
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RECEIVED 4-7-52
Jasper County Health Office

County File Number 5214282

Date Filed 4-7-52

APR 21 1952

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

F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Jasper, 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.