

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21342

State File No.

FILED JUN 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>4272</u>		Registrar's No. <u>144</u>		
1. PLACE OF DEATH a. COUNTY <u>Hodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hodaway</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burlington Del.</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burlington Junction</u>		d. STREET ADDRESS (If rural, give location) <u>0740</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>0740</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u> b. (Middle) <u>Missouri</u> c. (Last) <u>HARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 9 1952</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. 25, 1861</u>		9. AGE (In years last birthday) <u>90</u>	10. IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>	11. IF UNDER 15 HRS. Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>NEAR SKIDMORE MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>DANIEL SHARP</u>			13b. MOTHER'S MAIDEN NAME <u>MELINDA KECK</u>		14. NAME OF HUSBAND OR WIFE <u>RUBEN CLARK HARRIS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. NETTIE NEAL BURN, JR. MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> 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>2</u> <u>?</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)		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) (Min.)		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 <u>May 23, 1952</u> , to <u>June 10, 1952</u> , that I last saw the deceased alive on <u>May 23, 1952</u> and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. B. Byrnes M.D.</u> (Degree or title)				23b. ADDRESS <u>Missouri Bell Co</u>		23c. DATE SIGNED <u>6/12/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-11-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>QUITMAN MO</u>			
DATE REC'D BY LOCAL REG. <u>6-21-52</u>		REGISTRAR'S SIGNATURE <u>Beas Bolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. ...</u>		ADDRESS <u>Burl Del Mo</u>		

0740
1

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 2968

P. O. Address. Burlington, Ill.

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 licensé.)

If this body is not embalmed, fact should be so stated above.