

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23345

State File No. \_\_\_\_\_

**FILED** JUL 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Castor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Castor</u> <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If rural, give location) <u>Essex, Mo. Route # 2.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>B.</u> c. (Last) <u>HARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1952</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 3, 1890</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>John B. Harris</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Skaggs</u>		14. NAME OF HUSBAND-OR WIFE <u>Lillian Harris</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. World War I</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillian Harris, Essex, Mo. R. # 2.</u>		ADDRESS <u>R. # 2.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause first.		DUE TO (b) <u>Pulmonary TB.</u>			<u>70</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO <u>Chronic Tuberculosis</u>			<u>6-19-52</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>002X</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, blade, over)	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 3:30, 1952, to 6:19, 1952, that I last saw the deceased alive on 6-18, 1952, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. Brandon M.D.</u>	(Degree or title)	23b. ADDRESS <u>Essex Mo.</u>	23c. DATE SIGNED <u>6-25-52</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 21, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Essex cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Essex, Missouri</u>

DATE REC'D BY LOCAL REG. <u>June 30, 1952</u>	REGISTRAR'S SIGNATURE <u>Lois Wehler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO., Bloomfield, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1962

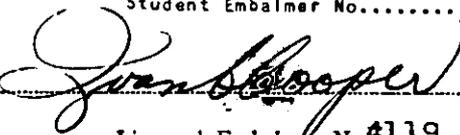
STATEMENT BY LICENSED EMBALMER

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. #119

P. O. Address. Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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