

STANDARD CERTIFICATE OF DEATH

State File No. 28547

AUG 30 1952

BIRTH NO.		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 5592		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Joachim		c. LENGTH OF STAY (In this place) (Specify township) 3 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2029			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mountain View Nursing Home				d. STREET ADDRESS (If rural, give location) 6466 Wanda			
3. NAME OF DECEASED (Type or Print)		a. (First) Mayme		b. (Middle) Sophia		c. (Last) Harris	
4. DATE OF DEATH		(Month) Aug.		(Day) 6,		(Year) 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 30, 1891		9. AGE (In years last birthday) 60	
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) Morley, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Frobase			13b. MOTHER'S MAIDEN NAME Emma Noble			14. NAME OF HUSBAND OR WIFE Maurice 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 ADDRESS Virginia Otto 8815 Geneise Grant Dr.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 month Several yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				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 4/26, 1952, to 7/26, 1952, that I last saw the deceased alive on 7/5, 1952, and that death occurred at 11 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. P. D. Small, M.D.				23b. ADDRESS Crystal City, Mo.		23c. DATE SIGNED 8 8 32	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 10, 1952		24c. NAME OF CEMETERY OR CREMATOR Morley		24d. LOCATION (City, town, or county) (State) Morley, Mo.	
DATE REC'D BY LOCAL REG. Aug 10, 1952		REGISTRAR'S SIGNATURE Gentry R. Politt		25. FUNERAL DIRECTOR'S SIGNATURE Ray Miller		ADDRESS Perryville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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X

DEC 1 1952

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED AUG 26 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 _____

Keith B. Vinyard

Student Embalmer No. 472

working under my personal supervision.

Student *Keith B. Vinyard*
Student Embalmer

Signed *Donald A. Vinyard*

Licensed Embalmer No. 4608

P. O. Address Festus, 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.