.S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39117

State File No. 11314

DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 0030 (Registrar's No.) 542

0495

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Neosho R.F.D. # 2

0730

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Edwin
c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Sept. 26, 1950
9. AGE (In years last birthday): 2 — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Newton County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lawrence Harris
13b. MOTHER'S MAIDEN NAME: Eula Stites
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Lawrence Harris, R # 2. Neosho Mo. — ADDRESS

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) Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Probable Haemophilus Influenzae

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: 451 X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Nov. 17, 1952, *to* Nov. 18, 1952, *that I last saw the deceased alive on* Nov 18, 1952, *and that death occurred at* 12:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Juliette M. Elsica M.D.
23b. ADDRESS: 327 Furse Bldg, Joplin
23c. DATE SIGNED: 11-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-20-'52
24c. NAME OF CEMETERY OR CREMATORY: Howard
24d. LOCATION (City, town, or county) (State): Goodman Mo.

DATE REC'D BY LOCAL REG.: 11-24-52
REGISTRAR'S SIGNATURE: E. L. Lamer 138 by Delaska Lamplins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE: Carly Thompson Jr. — ADDRESS: Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-28-52
Jasper County Health Office
County File Number 52/11/924
Date Filed 11-28-52

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. 474, working under my personal supervision.

Student Roy P. Adams
Student Embalmer

Signed Corley Thompson Jr.
Licensed Embalmer No. 4861
P. O. Address Neosho 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.