

FILED JAN 22 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 45250

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>COMMERCIAL St. Courts</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMERCIAL St. Courts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 24. 1952</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>JESSE</u>	
c. (Last) <u>HARRIS</u>		5. SEX <u>MALE</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Nov. 23, 1901</u>		9. AGE (In years last birthday) <u>51</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 _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>SENECA Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN HARRIS</u>		13b. MOTHER'S MAIDEN NAME <u>JANE LUKE</u>	
14. NAME OF HUSBAND OR WIFE <u>FERN J. 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>499-26-6974</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FERN J. HARRIS</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.		19. ADDRESS <u>Neosho Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Haemorrhage</u>		1 DAY	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dehydration</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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 <u>Dec 20</u> , 19 <u>52</u> , to <u>Dec 24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec 24</u> , 19 <u>52</u> , and that death occurred at <u>8:20 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Wesley McCallister</u>		23b. ADDRESS <u>Law BK Bldg. Neosho Mo</u>	
23c. DATE SIGNED <u>1/6/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>DEC. 29, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SENECA</u>	
24d. LOCATION (City, town, or county) (State) <u>SENECA MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Malvina C. Bowman</u>	
DATE REC'D BY LOCAL REG. <u>1-14-53</u>		ADDRESS <u>223-1</u> <u>Wesley Thompson Jr. Neosho Mo</u>	

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

Case No. 153-6

Date Filed 1-19-53

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 Ray J. Adams Student Embalmer

Signed Corby Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address Newby 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.