

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1180**

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Granny		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harris 1050	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Liberty Hwy.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cullens Hospital			

3. NAME OF DECEASED a. (First) ANNA b. (Middle) GRACE c. (Last) Mc Lin			4. DATE OF DEATH (Month) (Day) (Year) January-6-1953		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-3-1910	9. AGE (In years last birthday) 42 UNDER 1 YEAR Months Days 0 0 UNDER 1 HR. Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sullivan Co Mo		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME Lloyd Harr			13b. MOTHER'S MAIDEN NAME Isabelle King		14. NAME OF HUSBAND OR WIFE Jesse Mc Lin Harris mo		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jesse Mc Lin Harris mo			
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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) Terminal Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Acute Insanity "manic depression type"		about one month	
				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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 3010		
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 **Dec 20, 1952**, to **Jan. 6, 1953**, that I last saw the deceased alive on **Dec. 5, 1952**, and that death occurred at **5:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. H. Cullers M.D. (Degree or title)		23b. ADDRESS Trenton, Mo.		23c. DATE SIGNED 1-7-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-8-53		24c. NAME OF CEMETERY OR CREMATORY Harris Cem		24d. LOCATION (City, town, or county) (State) Harris mo	
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DATE REC'D BY LOCAL REG. 1-8-53		REGISTRAR'S SIGNATURE Jane Davis		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. K. Payne Trenton Galt mo	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

P. A. Payne

Licensed Embalmer No.

340

P. O. Address.....

East

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.