

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4455

State File No. 12 4

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6092 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Ju Line</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>North</u>	
b. CITY OR TOWN <u>Marshall Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City 1130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State School</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>Rose</u> c. (Last) <u>Harris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 1953</u>		
-------------------------------------------------------------------------------------------------------------------	--	--	---------------------------------------------------------	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 24-1924</u>	9. AGE (In years last birthday) <u>28</u> Months <u>7</u> Days <u>4</u>	10. UNDER 1 YEAR	11. UNDER 24 HRS. Hours	12. MIN.
----------------------	-------------------------------	-----------------------------------------------------------------------------	-------------------------------------	-------------------------------------------------------------------------	------------------	-------------------------	----------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Patron</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
-----------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------	--	-----------------------------------------------------------	--	--------------------------------------------	--

13a. FATHER'S NAME <u>Carl E Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Ann M. Cornwell</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
-----------------------------------------	--	--------------------------------------------------	--	-----------------------------------------	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State School Records, Marshall Mo</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>High blood</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3538</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</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 July 1, 1942, to Jan 2, 1953, that I last saw the deceased alive on Jan 2, 1953; and that death occurred at 4:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. J. Fawcett</u>		23b. ADDRESS <u>Mo State School</u>		23c. DATE SIGNED <u>Jan 3-1953</u>	
-----------------------------------------------------------	--	-------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>JAN. 5 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reading Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Worth County, Missouri</u>	
----------------------------------------------------------	--	------------------------------	--	------------------------------------------------------------	--	-----------------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>Jan 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Bidney F. Gray</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u> ADDRESS <u>Marshall, Mo.</u>	
---------------------------------------------	--	---------------------------------------------	--	---------------------------------------------------------------------------------	--

(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

James H. Lewis Jr.

Licensed Embalmer No.

4709

P. O. Address

Marshall, W.

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.