

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6961**

0730

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

FILED MAR 5 - 1953

BIRTH NO. _____		REG. DIST. NO. <b>243</b>		PRIMARY REG. DIST. NO. <b>4364</b>		Registrar's No. <b>7</b>	
1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>STELLA</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PIERCE CITY</b>		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CARDWELL Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>NO RT 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>			b. (Middle) <b>HENRY</b>			c. (Last) <b>HARRIS</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>2-19-1953</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>APRIL 17, 1879</b>		9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		11. BIRTHPLACE (State or foreign country) <b>NEWTON County Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>THOMAS A. HARRIS</b>		13b. MOTHER'S MAIDEN NAME <b>Louise SNOW</b>		14. NAME OF HUSBAND OR WIFE <b>SARAH HARRIS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>BEN HARRIS</b> ADDRESS <b>Granby, MO.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b> ANTECEDENT CAUSES <b>3 days</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>490X</b> 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 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) (m.)		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 <b>2-9-1953</b> , to <b>2-12-1953</b> , that I last saw the deceased alive on <b>2-12-1953</b> , and that death occurred at <b>11:45 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. W. [Signature]</b> (Degree or title)				23b. ADDRESS <b>[Address]</b>		23c. DATE SIGNED <b>2/13/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-14-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>100-F Newtonia</b>		24d. LOCATION (City, town, or county) (State) <b>Newtonia MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>2-21-53</b>		REGISTRAR'S SIGNATURE <b>Alpha Dyer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Culver - Shumaker Funeral Home</b>		ADDRESS <b>Granby, Mo</b>	

**F. E. Shumaker, MD**

**RECEIVED**

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 253-21

Date Filled 2-25-53

NEOSHO, MISSOURI

**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 Floyd E. Shewmake Jr.

Licensed Embalmer No. 4923

P. O. Address Box 58 Granby, 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.