

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8837

State File No.

FILED MAR 30 1953

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 367

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>504 No. 11 th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Osteopathic Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>E.</u> c. (Last) <u>HARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 21 1862</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Abstractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	11. BIRTHPLACE (State or foreign country) <u>Wakeman Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>Andrew Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Harrison</u>	14. NAME OF HUSBAND OR WIFE <u>Mary J. Harris</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Worden, Att'y</u>	ADDRESS <u>St. Joseph Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aerteriosclerosis</u>		<u>Unknown</u>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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)
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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?
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22. I hereby certify that I attended the deceased from Mar. 20, 1953, to Mar. 22, 1953; that I last saw the deceased alive on Mar. 22, 1953, and that death occurred at 6:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. S. Campbell</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>823 Faraon St. Joseph, Mo.</u>	23c. DATE SIGNED <u>3/24/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar. 25 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cassville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cassville Missouri</u>
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DATE REC'D BY LOCAL REG. <u>March 27, 1953</u>	REGISTRAR'S SIGNATURE <u>Catherine M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stammy Funeral Home</u>	ADDRESS <u>St. Joseph Mo.</u>
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APR 7 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *4632*

P. O. Address *St. Joseph 1720*

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.