

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5787

160
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cap. Riv</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blommeyer</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u> <u>4181</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2237 Colfax</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald</u> b. (Middle) <u>W.</u> c. (Last) <u>Harris</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>4</u> <u>1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>July 30, 1899</u>	9. AGE (In years last birthday) <u>53</u> # UNDER 1 YEAR Months # UNDER 6 MRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Ramsey, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John A. Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Pierce</u>	14. NAME OF HUSBAND OR WIFE <u>Lois A. 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>Gerald W. Harris</u>	ADDRESS <u>Wellston, Mo.</u> <u>St. 2237 Colfax Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Small Pox - Chest & Spine Crushed</u> <u>Both legs + arms multiple fractures</u>		
	ANTECEDENT CAUSES Morbidity 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>E8104</u> <u>27</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>016</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 53</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Blommeyer</u> <u>Cap. Riv</u> <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May</u> <u>4</u> <u>1953</u> <u>9:40</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto hit by Ferois train</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. S. Sigmond, Coroner 3</u>	23b. ADDRESS <u>Jackson Mo.</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>May 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 8-53</u>	REGISTRAR'S SIGNATURE <u>D. G. Sullivan 43</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff Funeral Home</u>	ADDRESS <u>Chaffee, Mo.</u>
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JUL 20 1953

SEP 12 1962

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

Jack J. Burnett

Licensed Embalmer No. 4472

P. O. Address Chaffee, Missouri

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.