U.S. No. 300
Rev. 10-48

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

STANDARD CERTIFICATE OF DEATH

State File No. 17339

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4102 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Creighton
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Creighton, 1 0190
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): ✓
c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): June 4 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Jan 6, 1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 0, Days 28 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Johnson County, Mo C
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Squire Harris
13b. MOTHER'S MAIDEN NAME: Eliza Elliott
14. NAME OF HUSBAND OR WIFE: Ida Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Ida Harris — **ADDRESS**: Creighton, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Vascular disease 10 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt Hip 4-13-52

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X F
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-21, 1952, *to* 6-4, 1953, *that I last saw the deceased alive on* 5-20, 1953, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leburn Ellis M.D.
23b. ADDRESS: Garden City, Mo.
23c. DATE SIGNED: 6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grant Cemetery
24d. LOCATION (City, town, or county) (State): Creighton Mo

DATE REC'D BY LOCAL REG.: 6/8/1953
REGISTRAR'S SIGNATURE: Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: Robert Arnold — **ADDRESS**: Creighton, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 13
CASS COUNTY
HEALTH DEPARTMENT

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 Irvin R Arnold, Student Embalmer No. 460, working under my personal supervision.

Student Irvin R. Arnold
Student Embalmer

Signed Hobert Arnold

Licensed Embalmer No. 3621

P. O. Address Creighton, 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.