

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22204

State File No.

No. 300
10.48

FILED JUL 8 - 1953

BIRTH NO. REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5609 Registrar's No. 23

2510

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rose Hill Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rose Hill Township</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Holden, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Wilburn</u>	b. (Middle) <u>Alphonso</u>	c. (Last) <u>Harris</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1953</u>
-------------------------------------	---------------------------	-----------------------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 37, 1917</u>	9. AGE (In years last birthday) <u>35</u>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Hours	if UNDER 24 HRS. Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gunn City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Joseph Alphonso Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Kennedy</u>	14. NAME OF HUSBAND OR WIFE <u>Freda Harris</u>
--	---	---

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>494-12-5372</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Freda Harris -- Rfd Holden, Mo.</u>
--	--	--

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, ashenia, 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>Chr Interstitial Nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>592x</u>	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) 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 1-4, 1944, to 6-24, 1953, that I last saw the deceased alive on 6-24, 1953, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James Redford</u> (Degree or title)	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>6/25/53</u>
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, OR OTHER (Specify) <u>Burial</u>	24b. DATE <u>June 26, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gunn City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gunn City, Missouri</u>
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>6-25-53</u>	REGISTRAR'S SIGNATURE <u>James Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canada & Rapp Holden</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 30 1953
JOHNSON COUNTY HEALTH DEPT.

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 Samuel B. Papp

Licensed Embalmer No. 4044

P. O. Address Halden 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.