

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24028

State File No. _____

FILED JUL 22 1953

Registrar's No. 291

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Duane</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Cotton Hill Twp</u>		0350
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr's. Hsp</u>			d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi S.W. Malden Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronal</u> b. (Middle) <u>Lee</u> c. (Last) <u>Harris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 4 - 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 8 - 1945</u>	9. AGE (In years last birthday) <u>8 -</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Jess W. Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Alberta Williams</u>		14. NAME OF HUSBAND OR WIFE <u>L</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>L</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema.</u>		ACUTE CAUSES		<u>Minutes</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Acute Cardiac Distention.</u>		<u>Minutes</u>	
		DUE TO (c) <u>seconds third degree burn</u>		<u>24 hr</u>	
		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>E9160 16</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.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>035</u> (COUNTY) <u>Duane</u> (STATE) <u>MO</u>		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July - 3 - 1953</u> <u>3:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lighting a string saturated with gasoline ignited gasoline in tin can</u>		
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22. I hereby certify that I attended the deceased from 7-24, 1952, to 7-4, 1953, that I last saw the deceased alive on 7-4, 1952, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Biggs Jr. Mo</u>		(Degree or title)	23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>7/9/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden Park Memorial N. of Malden</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>		
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DATE REC'D BY LOCAL REG. <u>7/12/53</u>	REGISTRAR'S SIGNATURE <u>A. D. Howell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas C. Knight</u>	ADDRESS <u>Malden Mo</u>		
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUL 20 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

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 *Thomas C Knight*

Licensed Embalmer No. *2189*

P. O. Address *Malden MA*

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.