

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24569

State File No. ....

AUG 4 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>382</u>		PRIMARY REG. DIST. NO. <u>5545</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY OR TOWN <u>Rural Chilton Township</u>		c. LENGTH OF STAY in this place <u>2 yrs.</u>		c. CITY OR TOWN <u>Rural Chilton Township</u>		d. STREET ADDRESS <u>R. R. # 2 045-2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. # 2</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (First) <u>OSWALD</u> (Middle) <u>A.</u> (Last) <u>HARRIS</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>25</u> (Year) <u>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>Sept. 5, 1875</u>	
9. AGE (In years, months, days) <u>77</u>		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>Farm laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Salisbury Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Oscar Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Chety Washburn</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Gimsley</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oswald Harris</u> ADDRESS <u>Glasgow 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid 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>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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 <u>June</u> , 19 <u>53</u> , to <u>July 25</u> , 19 <u>53</u> that I last saw the deceased alive on <u>July 2</u> , 19 <u>53</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Houbert</u> (Degree or title) _____				23b. ADDRESS <u>Glasgow, Mo.</u>		23c. DATE SIGNED <u>July 28, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) <u>Salisbury Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>July 28, 1953</u>		REGISTRAR'S SIGNATURE <u>Walker Audsley</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Dudley</u>		ADDRESS <u>Tremont Glasgow Mo.</u>	

AUG 5 1939

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 *W. L. Linnmouth*.....

Licensed Embalmer No. *3978*.....

P. O. Address *Glasgow, 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.