

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32625

State File No.

FILED OCT 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Pike</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Whiteside</u> <u>0520</u> d. STREET ADDRESS (If rural, give location) <u>2 Blocks South of Postoffice</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>EARNEST</u> b. (Middle) <u>EARL</u> c. (Last) <u>HARRIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 21-1953</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>March 18, 1890</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Geo. Alexander Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Armita Hopkins</u>	14. NAME OF HUSBAND OR WIFE <u>Nora Bell 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>494-20-5421</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ted Gessman Whiteside, Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro Vascular</u> ANTECEDENT CAUSES <u>Accident</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>arteriosclerotic</u> DUE TO (c) <u>Hypertensive Corded Vascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10+ yrs</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>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 9-18, 1953, to 9-21, 1953, that I last saw the deceased alive on 9-20, 1953, and that death occurred at 4:35A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas H. Hewellen M.D.</u>	23b. ADDRESS <u>Louisiana, Missouri</u>	23c. DATE SIGNED <u>9-22-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 22, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Corner Stone Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 22, 1953</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier 1374</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McCue Funeral Service Eolia, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0576 1957

VS MAY - 1960
VS MAY 4 1960

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.

Signed George O. Hagne
Licensed Embalmer No. 3773

Student
Student Embalmer

P. O. Address Louisiana

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.