

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36406

State File No. ....

FILED DEC 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>	c. LENGTH OF STAY (In this place) <u>737 days</u>	c. CITY OR TOWN <u>Mountain View</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Iona</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Harris</u>	Oct. <u>28</u> , 19 <u>53</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-2-21</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Walter Robert Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Vena Grace Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>Elvis Zeno Harris</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-22-6544</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records, Mo. S.S., Mt. Vernon, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary tuberculosis</u>			<u>about 6 2/3 yr.</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 10-20-, 1951, to 10-28-, 1953, that I last saw the deceased alive on 10-27, 1953, and that death occurred at 12:15a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. Hobbs</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Mt. Vernon, Mo.</u>	23c. DATE SIGNED <u>10-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>10-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Mountain View, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-28-53</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Smith</u>	ADDRESS <u>Funeral Home - Mt. Vernon Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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. me working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W. D. Asalt

Licensed Embalmer No. 2201

P. O. Address W. H. Korman

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.