

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38629**

FILED DEC 8 1953

BIRTH NO.

REG. DIST. NO. **93**PRIMARY REG. DIST. NO. **4153**Registrar's No. **53-101**

1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) Lockwood Mo.		c. LENGTH OF STAY (In this place) yrs		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Lockwood Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Robert		a. (First)		b. (Middle) Henry		c. (Last) Harris	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 24 1953		5. SEX m		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Jan 10 1873		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Month 10 Days 14		IF UNDER 24 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY laborer		11. BIRTHPLACE (City and State or Foreign Country) bear creek Mo.		12. CITIZEN OF WHAT COUNTRY? usa	
13a. FATHER'S NAME John Harris		13b. MOTHER'S MAIDEN NAME Belle Rickman		14. NAME OF HUSBAND OR WIFE deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Harris Lockwood Mo.			
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) Chronic Glomerulonephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Glomerulonephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 592 x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 11-2-1953 to 11-24, 1953 , that I last saw the deceased alive on 11-22, 1953 and that death occurred at 1:55p m., from the causes and on the date stated above.							
23a. SIGNATURE H. D. Combs M.D.				23b. ADDRESS Lockwood Mo.		23c. DATE SIGNED 11-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-26-53		24c. NAME OF CEMETERY OR CREMATORY Lockwood		24d. LOCATION (City, town, or county) (State) Lockwood Mo.	
DATE REC'D BY LOCAL REG. 12-1-53		REGISTRAR'S SIGNATURE J. C. Canada 478		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.R. Allison Greenfield Mo.			

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, 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.