

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41872**

FILED NOV 17 1953

BIRTH NO. _____		REG. DIST. NO. 354		PRIMARY REG. DIST. NO. 6209		Registrar's No. 31			
1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Texas					
b. CITY (If outside corporate limits, write RURAL and give township) Rural City		c. LENGTH OF STAY (in this place) 6 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Houston, Texas		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Golden Rest Home				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) LUCY			b. (Middle)		c. (Last) HARRIS		4. DATE OF DEATH (Month) (Day) (Year) 11 2 1953		
5. SEX Female		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unwedded		8. DATE OF BIRTH Nov. 12/1870		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 82 11 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Canada		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE H.M. Harris			
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 Mrs. D.G. Jetter Houston, Texas				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident Severe ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerosis Raynolitic Decomensatione DUE TO (c) Disease grade 1a						INTERVAL BETWEEN ONSET AND DEATH	
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 443X	
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"/>		21h. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nov 5, 1949 , to Oct 10, 1953 , that I last saw the deceased alive on Oct 10, 1953 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE J. J. Burns, M.D.				(Degree or Title)		23b. ADDRESS Houston, Texas		23c. DATE SIGNED 11/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-4-53		24c. NAME OF CEMETERY OR CREMATORY Houston		24d. LOCATION (City, town, or county) (State) Houston Texas			
DATE REC'D BY LOCAL REG. Nov 9 1953		REGISTRAR'S SIGNATURE Murtrie Craig			25. FUNERAL DIRECTOR'S SIGNATURE Elliott Funeral Home		ADDRESS Houston, Texas		

(Licensed Embalmer's Statement on Reverse Side)

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

1070
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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 Frank E. Wood.....

Licensed Embalmer No. 4026.....

P. O. Address Houston, 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.