No. 300
10-48

FILED JAN 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 694

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 7

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

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonville
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Barnett
d. STREET ADDRESS (If rural, give location) General Delivery

0660

3. NAME OF DECEASED (Type or Print)
a. (First) FLORENCE
b. (Middle) GERTRUDE
c. (Last) HARRIS

4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1954

5. SEX Female 1
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2
8. DATE OF BIRTH Aug. 29, 1884
9. AGE (In years last birthday) 69 | 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Kansas 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Smith
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE R. A. Harris (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Chas. Harris - 3714 Fuller - ADDRESS KC, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, Massive — INTERVAL BETWEEN ONSET AND DEATH 14

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
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 331X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JANUARY 10, 1954, *to* JANUARY 11, 1954, *that I last saw the deceased alive on* JANUARY 11, 1954, *and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. T. Humphreys MD
23b. ADDRESS Boonville, Mo.
23c. DATE SIGNED Jan. 11, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 13/54
24c. NAME OF CEMETERY OR CREMATORY KansasCity
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 1/11/54
REGISTRAR'S SIGNATURE D. E. Hooper 381-0
25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons
ADDRESS K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 4

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 Berry W. Thacker

Licensed Embalmer No. 3944

P. O. Address Boonville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.