

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 303

1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (in this place) <u>12 hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u> <u>0080</u> d. STREET ADDRESS (If rural, give location) <u>1</u>	
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3. NAME OF DECEASED (Type or Print) <u>Rudolph</u> a. (First) <u>Orville</u> b. (Middle) <u>Harris</u> c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 9, 1954</u>	
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 29th 1874</u>
9. AGE (In years last birthday) <u>79</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>produce</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Jason Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Hart</u>	14. NAME OF HUSBAND OR WIFE <u>Iva Harris</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Harris</u>
18. ADDRESS <u>541 4th St Berthoud Colo</u>		

MEDICAL CERTIFICATION 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post-surgical shock</u> ANTECEDENT CAUSES <u>Strangulated hernia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>56/15</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>24 hours</u>
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19a. DATE OF OPERATION <u>2-7-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Strangulated right inguinal hernia</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 9, 1954, to Feb 9, 1954, that I last saw the deceased alive on Feb 9, 1954, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. S. Wetzel M.D.</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>Feb 10, 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>		

DATE REC'D BY LOCAL REG. <u>Feb-12-54</u>	REGISTRAR'S SIGNATURE <u>Lorenza Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Eichler</u>
ADDRESS <u>Cole Camp Mo</u>		

(Licensed Embalmers' Statement on Reverse Side)

FEB 24 1937

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

E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address P. O. BOX 1 Cole Camp

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

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