

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9355**

BIRTH NO.		REG. DIST. NO. 200	PRIMARY REG. DIST. NO. 3041	Registrar's No. 194
1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon 0611		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Samaritan Hospital		d. STREET ADDRESS (If rural, give location) 214 Washington		
3. NAME OF DECEASED (Type or Print) a. (First) Yvonne b. (Middle) Marguerite c. (Last) Harris			4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1954	
5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 27, 1930	9. AGE (In years last birthday) 23 IF UNDER 1 YEAR Months 3 Days 19 IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) office work		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Beckly West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Kenneth Harris		13b. MOTHER'S MAIDEN NAME Bennie Sue Marra	14. NAME OF HUSBAND OR WIFE	
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. 486-34-7599	17. INFORMANT'S SIGNATURE OR NAME Kenneth Harris, Macon, Mo. ADDRESS	
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) Acute Pancreatitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Misenteric thrombosis DUE TO (c) Valvulus Colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Hemorrhagic Infarct Spleen		INTERVAL BETWEEN ONSET AND DEATH 3 days 10 days 14 days 10 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no r Valvulus Caecum & Acute Infarct Spleen		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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5703		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Macon Mo	23c. DATE SIGNED 3-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 18, 1954	24c. NAME OF CEMETERY OR CREMATORY Bethelmen	24d. LOCATION (City, town, or county) (State) Macon (rural) Mo.	
DATE REC'D BY LOCAL REG. 3/24/54	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Macon Mo		

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

RECEIVED 3.30.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 951-48
Date Filed 3.31.54

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.

Signed.....
Student Embalmer

Signed *R Lester Brun*
.....

Licensed Embalmer No. 4472

P. O. Address *Macon, 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.