

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9542**
Registrar's No. **6**

BIRTH NO. FILED MAR 29 1954		REG. DIST. NO. 264		PRIMARY REG. DIST. NO. 5891		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ozark c. CITY OR TOWN Gainesville d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
b. CITY (If outside corporate limits, write RURAL and give township) Gainesville c. LENGTH OF STAY (in this place) 3 weeks				e. STREET ADDRESS (If rural, give location) rural, 2 mi east of Gainesville			
d. FULL NAME OF HOSPITAL OR INSTITUTION				f. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Luella		a. (First)		b. (Middle)		c. (Last) Harris	
4. DATE OF DEATH (Month) (Day) (Year) 3 25 1954		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 8-19-1864		9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (City and State or Foreign Country) Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Isia Mangram		13b. MOTHER'S MAIDEN NAME Elizaveth Hill		14. NAME OF HUSBAND OR WIFE Benjamin Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Weakness ANTECEDENT CAUSES DUE TO (b) Rheumatoid Arthritis DUE TO (c) Bed fast past 2 yrs 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4 days	
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 1945 to 3/25 , 1954 , that I last saw the deceased alive on 2/24 , 1954 , and that death occurred at 4:25 P.M. , from the causes and on the date stated above.		23. SIGNATURE (Degree or title) D.D. 2	
23a. SIGNATURE A. Korman		23b. ADDRESS Gainesville, Mo		23c. DATE SIGNED 3/27/54		24a. BURIAL CREMATION, REMOVAL (Specify) burial	
24b. DATE 3-27-1954		24c. NAME OF CEMETERY OR CREMATORY Tril		24d. LOCATION (City, town, or county) (State) Ozark county Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Gainesville, Mo	
DATE REC'D BY LOCAL REG. 3/27/54		REGISTRAR'S SIGNATURE Thane Mahan		461-0		(Licensed Embalmer's Statement on Reverse Side)	

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.....
Signature of Student Embalmer

Signed *John R. Cheney*

Licensed Embalmer No. *4885*

P. O. Address *Gainesville, La.*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.