

## STANDARD CERTIFICATE OF DEATH

9627  
State File No. ....

FILED MAR 30 1954 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5939 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Rural Rt. 3 Cold Springs Life		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Vida Rt. 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles SW of Vida Mo.,		e. STREET ADDRESS (If rural, give location) 2 Miles SW of Vida Mo., 0810			
3. NAME OF DECEASED (Type or Print) DORRIS		a. (First)		b. (Middle) REBER	
		c. (Last) HARRIS		4. DATE OF DEATH Mar. 21, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 14, 1903		9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Farming, Carpenter		11. BIRTHPLACE (City and State or Foreign Country) Phelps County, Mo., 70	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Reber Harris		13b. MOTHER'S MAIDEN NAME Elizabeth Miller	
14. NAME OF HUSBAND OR WIFE Cora Brown Harris		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-12-4294	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Harris, Vida Mo. Rt. 3		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 _____, 19____, to _____, 19____, that I last saw the deceased _____, 19____, and that death occurred at 6:00P m., from the causes and on the date stated above.					
23a. SIGNATURE <i>S. L. Miller</i> 3		23b. ADDRESS Rolla, Missouri		23c. DATE SIGNED Mar. 23-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 23, 1954		24c. NAME OF CEMETERY OR CREMATORY Corn Creek Cemetery	
24d. LOCATION (City, town, or county) (State) Near: Vida, Phelps Co., Mo.,		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul E. Zull</i>		ADDRESS Rolla Mo.,	
DATE REC'D BY LOCAL REG. Mar. 23, 1954		REGISTRAR'S SIGNATURE <i>Nadine S. Steel</i> 380		(Licensed Embalmer's Statement on Reverse Side)	

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

County File Number \_\_\_\_\_  
Date Filed 3/29/57

**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..... Paul E. N...

Licensed Embalmer No. 449

P. O. Address..... Rolla,

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.