

FILED APR 19 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12628

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5708 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Buffalo Twnp		c. CITY OR TOWN Goodman	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 75 years		e. STREET ADDRESS (If rural, give location) 0600 3 miles west of Goodman	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) George b. (Middle) Washington c. (Last) Marian Harris			4. DATE OF DEATH (Month) (Day) (Year) April 9, 1954.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 2, 1847
9. AGE (In years last birthday) 107		IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 7 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Carroll Co. Arkansas
12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME Kale Harris		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Amanda Bennett Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Joseph Harris, Goodman, Missouri.
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) <u>Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr. 27 mos.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial disease (d)</u> <u>6 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</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 <u>3/8</u> , 19 <u>54</u> , to <u>4/9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/11</u> , 19 <u>54</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Warren M. Jones Doct</u>		23b. ADDRESS <u>Neesho, Mo.</u>	23c. DATE SIGNED <u>4/10/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 11, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howard Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Goodman, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>4-14-54</u>	REGISTRAR'S SIGNATURE <u>Marye Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Webb Anderson, Mo.</u>	ADDRESS

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 *E. Papp*.....

Licensed Embalmer No. *345*.....

P. O. Address *Anderson, ...*

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.