

FILED JUN 8 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16880

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 945 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Stoddard</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rural - N. Wilson</i>	c. LENGTH OF STAY (in this place) <i>15 mo.</i>	c. CITY OR TOWN <i>Bloomfield</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Ferndale Nursing Home</i>		e. STREET ADDRESS (If rural, give location) <i>1029</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Bessie</i> b. (Middle) _____ c. (Last) <i>Harris</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>June 2, 1954</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Mar. 31, 1868</i>	9. AGE (in years last birthday) Months Days <i>86 2 2</i>	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Orval Simmons</i>	13b. MOTHER'S MAIDEN NAME <i>Lucinda Butler</i>	14. NAME OF HUSBAND OR WIFE <i>Unknown</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <i>Ferndale Nursing Home - St. James</i>	ADDRESS <i>St. James</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i>		<i>2 year</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic hepatitis</i> DUE TO (c) _____		<i>3 year</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Loss of sight of both eyes</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>592X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *Dec. 29, 1952*, to *June 2, 1954*; that I last saw the deceased alive on *June 1, 1954*, and that death occurred at *9:00 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>C. V. Hammler, M.D.</i>	23b. ADDRESS <i>St. James, Mo.</i>	23c. DATE SIGNED <i>6-2-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>June 4, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Bloomfield Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Bloomfield, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>6-2-54</i>	REGISTRAR'S SIGNATURE <i>Ruth B. Powell</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Oral E. Licklider</i>	ADDRESS <i>St. James</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed

JUN 5 1954

JUL 9 1954

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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Cecil E. Lickliker

Licensed Embalmer No. 354

P. O. Address St. James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.