

32862

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300

10-48

FILED OCT 13 1954

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>4536</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (division). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rocky Comfort</u>		<u>0600</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Rocky Comfort</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October, 6, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct-13-1878</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR (Months) (Days) <u>11 23</u>		IF UNDER 24 HRS. (Hours) (Min.) _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Music Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Eureka, Kans</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ike Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Hilburn</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Lura</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>H. Gray Harris</u>		ADDRESS <u>Potosi, Mo</u>	
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) <u>Cerebral Hemorrhage left</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>paralysis right side</u> 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. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (m.) _____		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>10-3</u> , 195 <u>4</u> to <u>10-6</u> , 195 <u>4</u> that I last saw the deceased alive on <u>10-3</u> , 195 <u>4</u> , and that death occurred at <u>1130Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph L. Thuman M.D.</u>				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>10-8-1954</u>	
24a. BURIAL, CREMATION/REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-8-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/11/54</u>		REGISTRAR'S SIGNATURE <u>H. Gray Harris</u>		4031-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles W. Smith</u> ADDRESS <u>Potosi, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 12 1954

WASH. COUNTY HEALTH DEPT.

File No. _____

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
Student Embalmer

Signed

Mary M. Smith

Licensed Embalmer No.

4394

P. O. Address

Parosi, 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.