

FILED NOV 1 - 1954

THE REPUBLIC OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33598**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No. 982

1. PLACE OF DEATH  
a. COUNTY Greene  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Stone

b. CITY (If outside corporate limits, write RURAL and give township) Springfield c. LENGTH OF STAY (in this place) 1 day  
c. CITY OR TOWN Murah d. Residence within limits of a city or incorporated town? Yes 8 No 0

d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital e. STREET ADDRESS (If rural, give location) Route 2 Billings, Mo. 1040

3. NAME OF DECEASED a. (First) James b. (Middle) Earl c. (Last) Harris 4. DATE OF DEATH (Month) (Day) (Year) October 23, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Oct. 18, 1951 9. AGE (In years last birthday) Months 3 Days 6 Hours 5 Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 10b. KIND OF BUSINESS OR INDUSTRY Child 11. BIRTHPLACE (City and State or Foreign Country) Aurora, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Richard Harris 13b. MOTHER'S MAIDEN NAME Mable Wilson 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. None 17. INFORMANT'S SIGNATURE OR NAME Richard Harris, Billings, Missouri 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, ashenia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Brain abscess & necrosis Rt frontal lobe  
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.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 342x 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 10-22, 1954, to 10-23, 1954, that I last saw the deceased alive on 10-23, 1954, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lebanus Besick M.D. 23b. ADDRESS 609 Cherry Springfield, Mo. 23c. DATE SIGNED 10-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 25, 1954 24c. NAME OF CEMETERY OR CREMATORY Masonic 24d. LOCATION (City, town, or county) (State) Crane, Missouri

DATE REC'D BY LOCAL REG. 10-29-54 REGISTRAR'S SIGNATURE Ernie Williamson 25. FUNERAL DIRECTOR'S SIGNATURE George H. Manlove ADDRESS Crane, Missouri

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

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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 *L. Saalini Gannon*.....

Licensed Embalmer No. *3177*.....

P. O. Address *Springfield*.....

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.