

3. No. 300  
1. 10.48

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35433

State File No. ....

318

1003

8556

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2245 CLARK</u>				d. STREET ADDRESS (If rural, give location) <u>22 2245 CLARK</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>HARRIS</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>9-19-1954</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1-11-1889</u>		9. AGE (In years last birthday) <u>65</u> If under 1 year: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N/A</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ARK.</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>JIM EDRAIG</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>JERRY HARRIS</u> ADDRESS <u>2245 CLARK</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) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric Hemorrhage</u> DUE TO (c) <u>(cause undetermined)</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____					INTERVAL BETWEEN ONSET AND DEATH _____
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>7845</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:19 A.M.</u> , from the causes and on the date stated above.							
22a. SIGNATURE <u>James M. Beely</u> (Degree or title) <u>Deputy Coroner</u>				22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>9/20/54</u>	
22d. BURIAL, CREMATION, REMOVAL (Specify) <u>Decease</u>		22e. DATE <u>9-20-54</u>		22f. NAME OF CEMETERY OR CREMATORY _____		22g. LOCATION (City, town, or county) (State) <u>CARRUTHERSVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 20 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>			23. FUNERAL DIRECTOR'S SIGNATURE <u>MO Bennie Lane</u> ADDRESS <u>3103 Washington</u>		

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

(Licensed Embalmer's Statement on Reverse Side)

**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

*H. E. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.