

37997

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 15 1954

No. 300  
10.48

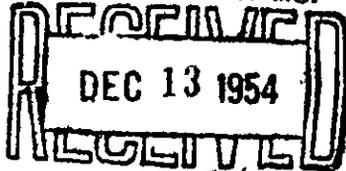
BIRTH NO. 124 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5746 Registrar's No. 770

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Liberty Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Liberty</u>	
c. LENGTH OF STAY (In this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles east of Minimum</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles east of Minimum</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9, 1954</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>	b. (Middle) <u>GREEN</u>	c. (Last) <u>HARRIS</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>Mar. 27, 1864</u>	9. AGE (In years last birthday) <u>90</u> # OVER 1 YEAR <u>8</u> # OVER 2 WKS. <u>12</u> Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>McNary, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Arthur Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Browder</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Lou Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Davis, Minimum, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410X</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>years</u> , 19 <u>  </u> , to <u>Dec 9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec 8</u> , 19 <u>54</u> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. C. Laughton, M.D.</u>	23b. ADDRESS <u>175 W. Main Fredericktown Mo</u>	23c. DATE SIGNED <u>Dec 10 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Dec. 11, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>McNary, Tenn.</u>
DATE REC'D BY LOCAL REG. <u>12-10-1954</u>	REGISTRAR'S SIGNATURE <u>Florence Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home Ironton, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 1224-73

1959  
FTH

JAN 12 1959

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 Ansel J. White

Licensed Embalmer No. 3012

P. O. Address Ironton, 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.