

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38812**  
**10054**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1900 Bacon</b>	<b>21170</b>

3. NAME OF DECEASED (Type or Print) a. (First) <b>Buster</b>	b. (Middle)	c. (Last) <b>Harris</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11 4 54</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 8, 1885</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 4 HRS. Days	IF UNDER 10 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jackson, Miss</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Bob Harris</b>	13b. MOTHER'S MARDEN NAME <b>Dora Hampton</b>	14. NAME OF HUSBAND OR WIFE <b>Sarah Harris</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jessie Cook-Houleka, Miss.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Benign Prostatic Hypertrophy</b>		
	II. OTHER SIGNIFICANT CONDITIONS <b>Uremia</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>610X</b>
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22. I hereby certify that I attended the deceased from **10-26**, 19**54**, to **11-4**, 19**54**, that I last saw the deceased alive on **11-4**, 19**54**, and that death occurred at **11:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Merle Herrford</b>	23b. ADDRESS <b>M.D. 2601 N. Whittier</b>	23c. DATE SIGNED <b>11-4-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Ship</b>	24b. DATE <b>Nov. 6, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Meriah</b>	24d. LOCATION (City, town, or county) (State) <b>Jupels, Miss</b>
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DATE REC'D BY LOCAL REG. <b>NOV 5 1954</b>	REGISTRAR'S SIGNATURE <b>Carol Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. O. Koonce</b>	ADDRESS <b>1224 N Grand</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING 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..... *Geoffrey Swan*

Licensed Embalmer No. *4580*

P. O. Address *1221 N. 1st St.*

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.