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FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43138**

BIRTH NO. _____ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6162** Registrar's No. **10**

1. PLACE OF DEATH
a. COUNTY **Stone**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE **Mo** b. COUNTY **Stone**

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Reeds Springs** c. LENGTH OF STAY (In this place) **life**

c. CITY OR TOWN **Reeds Sp.** d. Is Residence within limits of a city or incorporated town? Yes No **10/40**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Burth J.W.**

STREET ADDRESS (If rural, give location) **Burth Town Ship - 8**

3. NAME OF DECEASED
a. (First) **John** b. (Middle) **D** c. (Last) **Harris**

4. DATE OF DEATH (Month) (Day) (Year) **Dec 30-1954**

5. SEX **mo**

6. COLOR OR RACE **wh** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **not married**

8. DATE OF BIRTH **Mar 29-1940**

9. AGE (In years last birthday) Months Days **14-9-1**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **farm boy**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Stone Co. Mo.**

12. CITIZEN OF WHAT COUNTRY? **U. S.**

13a. FATHER'S NAME **Burton Harris**

13b. MOTHER'S MAIDEN NAME **Delaris Oalston**

14. NAME OF HUSBAND OR WIFE **never married**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mr. Burton Harris**

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hemorrhage of Brain**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **gun shot**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **E9191 19**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **farm**

21c. (CITY TOWN OR TOWNSHIP) **104** (COUNTY) (STATE) **Stone - Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Dec 30 1954 8:30**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **while hunting**

22. I hereby certify that I attended the deceased from **Dec 30, 1954**, to _____, 19____, that I last saw the deceased alive on **Dec 30**, 19**54**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John A. ... coroner**

23b. ADDRESS **Galena Mo.**

23c. DATE SIGNED **12/31-54**

24a. BURIAL, CREMATION REMOVAL (Specify) **Burial**

24b. DATE **Jan 1 1955** 24c. NAME OF CEMETERY OR CREMATORY **Eisenham**

24d. LOCATION (City and State or County) (State) **Stone, Mo.**

DATE REC'D BY LOCAL REG. **Dec 31-54** REGISTRAR'S SIGNATURE **Mrs. J. Elmer Bosson**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Everett C. Cheatham Galena Mo.**

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

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 *Everett J. Cheatham*.....

Licensed Embalmer No. *88*.....

P. O. Address *Haley*.....

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.