

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **856**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **6-A**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>	c. CITY OR TOWN <b>Springfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Handley Memorial Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Handley Memorial Hospital</b>		STREET ADDRESS (If rural, give location) <b>755 North Fulbright</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b> b. (Middle) _____ c. (Last) <b>HARRIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 2, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 25, 1931</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Yard Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Oil Refinery</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Princeton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Samuel Harris</b>	13b. MOTHER'S MAIDEN NAME <b>Maggie Carrington</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Bertha Harris</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dale Harris, Springfield, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	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. <b>C.V.A.</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) <b>Springfield, Greene, Mo.</b>
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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? <b>493X</b>
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22. I hereby certify that I attended the deceased from **Dec 26, 1954** to **Jan 1, 1955**, that I last saw the deceased alive on **Jan 1, 1955** and that death occurred at **5:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Earl W. Russell, M.D.</b>	23b. ADDRESS <b>915 1/2 National Springfield, Mo.</b>	23c. DATE SIGNED <b>1-9-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 2, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-11-55</b>	REGISTRAR'S SIGNATURE <b>Edith Wilkerson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma Schmeyer, Springfield, Mo.</b>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 24 1955

JAN 19 1955

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..... *Bernard F. Wright*

Licensed Embalmer No... *429*

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.