

FILED FEB 10 1955

STANDARD CERTIFICATE OF DEATH

2615

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0336**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis, Missouri**
c. LENGTH OF STAY (in this place) **5 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo-Pac Hosp. Ass'n. O**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY **St. Louis**
c. CITY OR TOWN **Pine Lawn**
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) **Shamrock Nursing Home 3709 Manola**

3. NAME OF DECEASED (Type or Print)
a. (First) **William** b. (Middle) **Finis** c. (Last) **Harris**
4. DATE OF DEATH (Month) (Day) (Year) **Jan 10 '55**

5. SEX **M. O** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **W.**
8. DATE OF BIRTH **Jan 15, 1871** 9. AGE (In years last birthday) **83**
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 4 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **farmer**
10b. KIND OF BUSINESS OR INDUSTRY **farm**
11. BIRTHPLACE (City and State or Foreign Country) **FLAT RIVER, MO. O**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **MARSHALL HARRIS** 13b. MOTHER'S MAIDEN NAME **MARTHA MC HENRY** 14. NAME OF HUSBAND OR WIFE **CORA HARRIS**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. **UNKNOWN**
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **MRS RAYMOND MUESKIE, SEDALIA, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Heart Failure**
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Arteriosclerotic Heart Disease**
DUE TO (c) **Generalized Arteriosclerosis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Senile Dementia**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **Jan 5, 1955**, to **Jan 10, 1955**, that I last saw the deceased alive on **Jan 7, 1955**, and that death occurred at **6:30 a.m.**, from the causes, and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]** 23b. ADDRESS **[Signature]** 23c. DATE SIGNED **1-10-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE **1-12-55** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **SEDALIA, MO.**

DATE REC'D BY LOCAL REG. **JAN 13 1955** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **MC LAUGHLIN, SEDALIA, MO.**

[Signature]
(Licensed Embalmer's Statement on Reverse Side)

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

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 Ronald O Yahn

Licensed Embalmer No. 39

P. O. Address St Louis

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.