

FILED MAR 2 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 5849

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY <i>Randolph</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Moberly</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>Moberly</i>		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 <i>Woodland Hospital</i>				STREET ADDRESS (If rural, give location) <i>412 Wisdom</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>EZEKIAL</i> b. (Middle) <i>ARTHUR</i> c. (Last) <i>HARRIS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 19 1955</i>				
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 16-1883</i>	9. AGE (In years last birthday) <i>71</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Howard County</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Milton Harris</i>			13b. MOTHER'S MAIDEN NAME <i>Elizabeth Cable</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs Brona Harris</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY <i>497-16-9219</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Brona Harris Moberly Mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Atherosclerosis</i> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis general</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>	
19a. DATE OF OPERATION <i>Feb 3-1955</i>		19b. MAJOR FINDINGS OF OPERATION <i>Prostate hypertrophy Benign 442x</i>				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)		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 <i>2-3-</i> , 19 <i>55</i> , to <i>2-19-</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>2-19-</i> , 19 <i>55</i> , and that death occurred at <i>3:30 Am.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Howard O. Moore</i>				23b. ADDRESS <i>Moberly Mo</i>		23c. DATE SIGNED <i>2/21/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2/21/1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Armstrong Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Armstrong Mo.</i>	
DATE REC'D BY LOCAL REG. <i>2-21-55</i>		REGISTRAR'S SIGNATURE <i>Leavelle</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Cato Funeral Home Moberly Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

17 1956

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 *Jerry R. Carter*  
Licensed Embalmer No. 4906

P. O. Address *Mobile, Ala.*

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.