

FILED MAR 28 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 7499

BIRTH NO. 1259A-55 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <b>Cape Girar, Mo,</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Bollinger</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>			c. LENGTH OF STAY (in this place) <b>5 hours</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Marble Hill</b>			0090		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ostapathic Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>R#1</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>James</b>		b. (Middle) <b>Charles</b>		c. (Last) <b>Harris</b>			
4. DATE OF DEATH		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH <b>3-16th 55</b>		9. AGE (In years last birthday) <b>3</b>		IF UNDER 1 YEAR <b>8</b>		IF UNDER 12 HRS. <b>8</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inf</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Mo</b>			
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>			13a. FATHER'S NAME <b>Charles Harris</b>				13b. MOTHER'S MAIDEN NAME <b>Godair,</b>		
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Charles Harris, Marble Hill,</b> ADDRESS		
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory failure</b> ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		7730			
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 <u>3/16</u> , 19 <u>55</u> , to <u>3/16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3/16</u> , 19 <u>55</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>John J. Myers J.D.</b>				23b. ADDRESS <b>Lutesville Mo</b>		23c. DATE SIGNED <b>3/17/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-16th 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lasley Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>Near Gravel Hill, Mo,</b>				
DATE REC'D BY LOCAL REG. <b>3-21-55</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert James Hess</b>		ADDRESS <b>Lutesville</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ *not embalmed* by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*A. J. Baker*

Licensed Embalmer No. \_\_\_\_\_

*3573*

P. O. Address \_\_\_\_\_

*Putnamville, Ind.*

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 this body is not embalmed, fact should be so stated above.