No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8760

BIRTH NO. MED APR 4 1955 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chillicothe hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN: Hale,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 259
e. STREET ADDRESS (If rural, give location): 6 miles N/E Hale.RFD

3. NAME OF DECEASED (Type or Print)
a. (First): Lyell
b. (Middle): Coil
c. (Last): Harris,

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1955

5. SEX: M
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 6th, 1892
9. AGE (In years last birthday): 62
If under 1 year: Months: 10 Days: 23
If under 24 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: livestock
11. BIRTHPLACE (City and State or Foreign Country): Purdon, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John D. Harris,
13b. MOTHER'S MAIDEN NAME: Almeda Morris,
14. NAME OF HUSBAND OR WIFE: Viola Harris, Hale, Missou

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 441-30-9433
17. INFORMANT'S SIGNATURE OR NAME: Mrs Viola Harris, ADDRESS: Hale, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis (acute) — INTERVAL BETWEEN ONSET AND DEATH: 54 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 1953 *to* March 29 1956, *that I last saw the deceased alive on* March 29, 1955 *and that death occurred at* 3:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William L. Fair, MD
23b. ADDRESS: Chillicothe, Mo
23c. DATE SIGNED: April 4 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 1, 1955
24c. NAME OF CEMETERY OR CREMATORY: Mt Olive Cemetery
24d. LOCATION (City, town, or county) (State): Purdon, Missouri,

DATE REC'D BY LOCAL REG.: 4-1-55
REGISTRAR'S SIGNATURE: Frances B Neill
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clifford W. Austin, Tina, Missouri

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Clifford W. Jenkins

Licensed Embalmer No....3233

P. O. Address.....Tina, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.