

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10655

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>3071</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		c. LENGTH OF STAY (In this place) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		TOWN <u>091/0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harold Covalescent</u>				d. STREET ADDRESS (If rural, give location) <u>237 East Emma</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM HUGH HARRIS</u>			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>3-23-55</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>8-27-1876</u>	
9. AGE (In years last birthday) <u>78-6-26</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Abbeville, S. Carolina</u>	
12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Robert Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E Harris</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mattie Harris</u> ADDRESS <u>109 1/2</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septicemia</u>					
		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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to 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 <u>March 19, 1954</u> to <u>March 23, 1955</u> , that I last saw the deceased alive on <u>March 23, 1955</u> , and that death occurred at <u>7:35</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. Nelson Swartz</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>214 1/2 N. Main St. Slater, Mo.</u>		23c. DATE SIGNED <u>3-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-24-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Slater</u>		24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/26/55</u>		REGISTRAR'S SIGNATURE <u>Mr. Earl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Jones</u> ADDRESS <u>Slater, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0911

**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 .....  
Student Embalmer

Signed James E Jones

Licensed Embalmer No. 3143

P. O. Address Slater M

**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.