

FILED MAR 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10700

State File No. \_\_\_\_\_

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6118 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY OR TOWN <b>RURAL SYLVANIA TOWNSHIP</b>		c. CITY OR TOWN <b>RURAL SYLVANIA TOWNSHIP</b>	
c. LENGTH OF STAY (In this place) <b>19 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>RI. F. D. #1 PAINTON, MO.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. F. D. #1 PAINTON, MO.</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. F. D. #1 PAINTON, MO.</b>	
3. NAME OF DECEASED (Type or Print) <b>TOMMIE HARRIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 14 1955</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>COLORED</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>NOV. 18 1903</b>	
9. AGE (In years last birthday) <b>51</b>		10. IF UNDER 1 YEAR Months Days <b>10 0</b>	
11. IF UNDER 1 YEAR Hours Min. <b>10 0</b>		12. IF UNDER 1 YEAR Hours Min. <b>10 0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>MISSISSIPPI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>WEST HARRIS</b>		13b. MOTHER'S MAIDEN NAME <b>ROSIE PRISIES</b>	
14. NAME OF HUSBAND OR WIFE <b>MARY HARRIS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>326-30-9552</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MARY HARRIS</b>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> ANTECEDENT CAUSES Morbid 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. <u>cardiac decompensation same</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>490x</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>9:00 AM, 3/14, 1955, to 8:00 PM, 3/14, 1955</u> , that I last saw the deceased alive on <u>6:00 PM, 3/14, 1955</u> , and that death occurred at <u>8:47 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>T. T. O'Connell</u>		23b. ADDRESS <u>Oran, Mo.</u>	
23c. DATE SIGNED <u>3/18/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>MAR. 20 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MCMULLAN</b>	
24d. LOCATION (City, town, or county) (State) <b>SCOTT COUNTY MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u>	
25. ADDRESS <b>ORAN, MO.</b>		DATE REC'D BY LOCAL REG. <b>3-19-55</b>	
REGISTRAR'S SIGNATURE <u>Mrs. F. Bragdon</u>		445-0	

(Licensed Embalmers' Statement on Reverse Side)

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

DATE RECEIVED MAR 21 1955  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 35-69

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Owens, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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