

FILED MAY 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 14770

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 302

1. PLACE OF DEATH  
a. COUNTY Butler  
b. CITY OR TOWN Poplar Bluff  
c. LENGTH OF STAY (in this place) 9 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo  
b. COUNTY Carter  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore R.R. 2  
d. STREET ADDRESS (If rural, give location) 201

3. NAME OF DECEASED (Type or Print)  
a. (First) George b. (Middle) Washington c. (Last) Harris

5. SEX m

6. COLOR OR RACE w

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married

8. DATE OF BIRTH 10-5-86

9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State of foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? u.s.a

13a. FATHER'S NAME John W Harris

13b. MOTHER'S MAIDEN NAME Cardine Willis

14. NAME OF HUSBAND OR WIFE Mauby Harris

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. 492-03-3516

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Truman M Harris Ellsinore 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, asphyxia, etc.\* It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Asphyxiation  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Cardiac failure  
DUE TO (c) Cerebral hemorrhage  
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 331X

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)

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 4-34, 1955, to 5-2, 1955, that I last saw the deceased alive on 5-5, 1955, and that death occurred at 8:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) A. D. Merkel M.D.

23b. ADDRESS Poplar Bluff Mo

23c. DATE SIGNED 5/9/55

24a. BURIAL CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-5-55

24c. NAME OF CEMETERY OR CREMATORY Grasham

24d. LOCATION (City, town, or county) (State) Carter Co Mo

DATE REC'D BY LOCAL REG. 5/12/55

REGISTRAR'S SIGNATURE A. D. Merkel

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Seaton Sewitt Van Buren Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 16 1955  
BYTLER CO. HEALTH CENTER  
FILE NO.

**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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.