

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24964

State File No.

FILED AUG 1 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>4474</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>SWEET SPRINGS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EN ROUTE TO HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>111 VIRGINIA AVE</u> <u>0970</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>HARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 24 1955</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEBRUARY 23, 1882</u> <u>73</u>			
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 yrs. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>SALINE COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>FRANK YANTIS HARRIS</u>		13b. MOTHER'S MAIDEN NAME <u>LODUSKA HOLLANDSWORTH</u>		14. NAME OF HUSBAND OR WIFE <u>EVA MAE ADAMS</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-09-7253</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C. J. Harris - Sweet Springs, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>				DUE TO (b) <u>Myocardial Infarction</u>				<u>1 hour</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Arteriosclerosis</u>				<u>unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Grade 4 prostatic hypertrophy</u>				<u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>4201</u>				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 WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>July 18, 1955</u> , to <u>July 24, 1955</u> , that I last saw the deceased alive on <u>July 24, 1955</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles J. Mosley, M.D.</u>				23b. ADDRESS <u>Sweet Springs, Mo.</u>				23c. DATE SIGNED <u>July 25, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 27, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS, MO</u>			
DATE REC'D BY LOCAL REG. <u>July 27, 1955</u>		REGISTRAR'S SIGNATURE <u>Mary Mosley</u> <u>509</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. F. Parker - Sweet Springs, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed *L. F. Parker*

Licensed Embalmer No. *384*

P. O. Address *Street Sp*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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