

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30413

State File No.

FILED SEP 22 1955

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5969 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY PLATTE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY PLATTE

b. CITY (If outside corporate limits, write RURAL and give township) OR PLATTE CITY FAIR TOWNSHIP
c. LENGTH OF STAY (In this place) RURAL LIFE TIME

c. CITY OR TOWN PLATTE CITY, MO. ROUTE 3
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION STATE HI-WAY INTERSECTION 45 & 92

e. STREET ADDRESS (If rural, give location) 9 mi. N.E. PLATTE CITY, MO.

3. NAME OF DECEASED (Type or Print)
a. (First) LEO b. (Middle) DEWAYNE c. (Last) HARRIS

4. DATE OF DEATH (Month) (Day) (Year)
SEPT. II, 1955

5. SEX MALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH OCT. 9, 1933

9. AGE (In years last birthday) 21 IF UNDER 1 YEAR Months II Days 2 IF UNDER 24 HRS. Hours 0 Min. 0

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

10b. KIND OF BUSINESS OR INDUSTRY AUTO

11. BIRTHPLACE (City and State or Foreign Country) PLATTE COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LEE E. HARRIS

13b. MOTHER'S MAIDEN NAME DOROTHY E. BOYDSTON

14. NAME OF HUSBAND OR WIFE SINGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 497-36-7377

17. INFORMANT'S SIGNATURE OR NAME ADDRESS EARL C. NAYLOR PLATTE CITY, MO. ROUTE 3

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) SKULL FRACTURE
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. AUTO ACCIDENT

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PLATTE MO.

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at APPROX. 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard M. Geffer, Coroner

23b. ADDRESS Platte City, Mo.

23c. DATE SIGNED 9-13-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE Sept. 13, '55

24c. NAME OF CEMETERY OR CREMATORY RIDGELEY CEMETERY

24d. LOCATION (City, town, or county) (State) PLATTE COUNTY, MO.

DATE REC'D BY LOCAL REG. Sept. 13, 55 REGISTRAR'S SIGNATURE Opheie Rollins

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MCCOMAS FUNERAL HOME, SMITHVILLE, MO.

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

3

830



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 *Donald W. Harcks*

Licensed Embalmer No. *452*

P. O. Address *Smithville, Va.*

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.