

FILED NOV 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32366

State File No. 571

Registrar's No. 571

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH
a. COUNTY **Butler**
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN **Poplar Bluff, Mo.**)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION **218 South C St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo.** b. COUNTY **Butler**
c. CITY OR TOWN **Poplar Bluff**
d. Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) **218 South C St.**

3. NAME OF DECEASED
a. (First) **William** b. (Middle) **Berry** c. (Last) **Harris**
4. DATE OF DEATH (Month) (Day) (Year) **Oct. 23, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Oct. 13, 1878** 9. AGE (in years last birthday) **70** IF UNDER 1 YEAR Months **10** IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Lumber Man** 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) **Waverly, Tenn.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Wm. Bradley Harris** 13b. MOTHER'S MAIDEN NAME **Melvina Sinks** 14. NAME OF HUSBAND OR WIFE **Margaret O'Dell Harris, Decd.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Roy Booker, Poplar Bluff, Mo.** ADDRESS

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) **Cerebral thrombosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Generalized arteriosclerosis**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Interval between ONSET AND DEATH **1 week**
Unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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 **August 15, 1955**, to **October 23, 1955**, that I last saw the deceased alive on **Oct 23, 1955**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) **Robert C. Engelhardt M.D.** 23b. ADDRESS **Poplar Bluff, Mo.** 23c. DATE SIGNED **10/25/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10-25-55** 24c. NAME OF CEMETERY OR CREMATORY **City Cem.** 24d. LOCATION (City, town, or county) (State) **Poplar Bluff, Mo.**

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE **R. H. Muehleisen** 25. FUNERAL DIRECTOR'S SIGNATURE **Frank-Cotrell** ADDRESS **Poplar Bluff, Mo.**

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

0.300
0.48

RECEIVED

OCT 31 1955
BUTLER 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 _____
Signature of Student Embalmer

Signed Wallace R Knight

Licensed Embalmer No. 451

412 Union
P. O. Address Poplar Bl.

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.