

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35907**
Registrar's No. **87**

FILED NOV 30 1955

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5043

0050

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seligman</u>		c. CITY OR TOWN <u>Seligman</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>0050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARRY</u>	b. (Middle) <u>ALFRED</u>	c. (Last) <u>Street</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-17-1955</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>Feb. 2, 1893</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Musician</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Lead South Dak.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>James T. Street</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Estella Street</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>	16. SOCIAL SECURITY NO. <u>WWI</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Estella Street-Seligman, Mo.</u>	ADDRESS _____
---	------------------------------------	--	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u> <u>Coronary Heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary emphysema</u> DUE TO (c) <u>Pulmonary Tuberculosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 Nov 17, 1955, to Nov 17, 1955, that I last saw the deceased alive on Nov 17, 1955, and that death occurred at 8:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. R. Brown</u> (Degree or title)	23b. ADDRESS <u>Seligman Mo</u>	23c. DATE SIGNED <u>11/18/55</u>
--	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-20-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rogers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rogers, Arkansas</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>11-18-55</u>	REGISTRAR'S SIGNATURE <u>Mary McDonald</u>	10-0-55	FUNERAL DIRECTOR'S SIGNATURE <u>Paul W. Heubert - Cassville</u>	ADDRESS _____
--	--	---------	---	---------------

(Licensed Embalmer's Statement on Reverse Side)

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

9-10-50

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1155-359

DATE REC. 11-22-55

DEC 6 1955

NOV 30 1955

SEP 13 1956

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 *Margaret C. Herbert*

Licensed Embalmer No. 438

P. O. Address Cassville

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.