

STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 21 1955

BIRTH NO.

REG. DIST. NO. 224

PRIMARY REG. DIST. NO. 5796

Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Walker</i>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <i>Rural</i>		d. In residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) <i>4 mi S of California Mo</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>THOMAS</i> b. (Middle) <i>OBEDIAH</i> c. (Last) <i>HARRIS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 26 1955</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Mar 13 - 1886</i>	9. AGE (In years last birthday) <i>69</i>	# UNDER 1 YEAR <i>4</i>
# UNDER 1 YEAR <i>4</i>	# UNDER 1 YEAR <i>4</i>	# UNDER 1 YEAR <i>4</i>	# UNDER 1 YEAR <i>4</i>	# UNDER 1 YEAR <i>4</i>	# UNDER 1 YEAR <i>4</i>
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Boone Mo Cooper County</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Thomas Harris</i>		13b. MOTHER'S MAIDEN NAME <i>Rueha Doffenbush</i>	
14. NAME OF HUSBAND OR WIFE <i>Annie Meyer Harris</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No.</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Annie Harris</i>			ADDRESS <i>California Mo</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis with</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>		
ANTECEDENT CAUSES <i>Myocardial Degeneration</i>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) <i>Rheumatic Heart Disease due to</i>			<i>Rheumatic Fever</i>		
II. OTHER SIGNIFICANT CONDITIONS			416X		
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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., one)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Walker (Rural) Moniteau Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <i>2-5</i> , 1952, to <i>10-25</i> , 1955, that I last saw the deceased alive on <i>10-25</i> , 1955, and that death occurred at <i>1:50 p. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>RSD ulk</i> (Degree or title) <i>MD</i>			23b. ADDRESS <i>California, Mo</i>		23c. DATE SIGNED <i>10-27-55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10-28-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Catholic Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>California Mo.</i>		
DATE REC'D BY LOCAL REG. <i>10-29-55</i>	REGISTRAR'S SIGNATURE <i>R L Pope</i>	5506	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hugh E Williams</i>	ADDRESS <i>California Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

10-2-04
20 01

DECEASED	DATE OF DEATH	PLACE OF DEATH
SEX	AGE	CITY
STATE		

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 *Hugh E. Hillman*

Licensed Embalmer No. *3531*

P. O. Address *California*

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.