

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41562

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 54 yrs.		c. CITY OR TOWN Sedalia		d. Is 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 Bothwell Hospital				STREET ADDRESS (If rural, give location) Route # 2, 4mi. S. Sedalia			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) REBECCA		c. (Last) HARRIS		4. DATE OF DEATH (Month) (Day) (Year) December 22, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 3, 1869	
9. AGE (In years last birthday) 86		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Old Franklin, Missouri Howard County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Milton Turner		13b. MOTHER'S MAIDEN NAME Eliza Campbell		14. NAME OF HUSBAND OR WIFE S. P. Harris			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roy Williams, Peculiar, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Shaft of Femur ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fall at home DUE TO (c) 9030 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility - Total blindness				INTERVAL BETWEEN ONSET AND DEATH 2 mos. 2 days 2 days	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In home		21c. (CITY, TOWN, OR TOWNSHIP) Sedalia (COUNTY) Pettis (STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 21 1955 2:00 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell from bedside commode			
22. I hereby certify that I attended the deceased from 1943, to Dec 22, 1955, that I last saw the deceased alive on Dec 22, 1955, and that death occurred at 8:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE A. L. Walter (Degree or title) M.D.				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 12-23-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/24/55		24c. NAME OF CEMETERY OR CREMATORY Old Lamine Cemetery		24d. LOCATION (City, town, or county) (State) Cooper County, Missouri	
DATE REC'D BY LOCAL REG. 12-23-55		REGISTRAR'S SIGNATURE A. J. Campbell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sedalia, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

300
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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 *Russell C. Maag*.....
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Licensed Embalmer No.....

P. O. Address *Sedalia,*

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.