

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1793**

FILED JAN 17 1956

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon		c. CITY OR TOWN Plato	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) Plato Rt. 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memo. Hosp.			

3. NAME OF DECEASED (Type or Print) Robert Sanford Harris			4. DATE OF DEATH Jan. 8 1956		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX M		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
Married		8. DATE OF BIRTH Mar. 20 1881		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restuarent & Hotel		10b. KIND OF BUSINESS OR INDUSTRY Operator		11. BIRTHPLACE (City and State or Foreign Country) Lamar Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME F. M. Harris		13b. MOTHER'S MAIDEN NAME Elizabeth Belcher		14. NAME OF HUSBAND OR WIFE Alma 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. 491-24-2888		17. INFORMANT'S SIGNATURE OR NAME Mrs. R. S. Harria ADDRESS Plato 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Wernia			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **May 1954** to **8 Jan 1956**, that I last saw the deceased alive on **8 Jan 1956** and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul A. Jefferies M.D.		23b. ADDRESS Lebanon Mo		23c. DATE SIGNED 10 Jan 56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/12/56		24c. NAME OF CEMETERY OR CREMATORY Lebanon		24d. LOCATION (City, town, or county) (State) Lebanon Mo.	
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DATE REC'D BY LOCAL REG. 1-12-1956		REGISTRAR'S SIGNATURE Hella L. May		25. FUNERAL DIRECTOR'S SIGNATURE S. P. Palmer ADDRESS Lebanon Mo	
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Received 1-16-56

LaClede County Health Unit

File No. 2

Date Filed 1-16-56

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 S. R. Palmer

Licensed Embalmer No. 229

P. O. Address Lebanon

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.