

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 - 1956

State File No.

8902

REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218

Registrar's No. 151

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, write RURAL and give town(ship))

RURAL
OR
TOWN Windsor

c. LENGTH OF STAY (in this place)

1 Day

d. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

windsor Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Benton

d. Is Residence within limits of a city or incorporated town?

Yes No

c. CITY OR TOWN

Warsaw

e. STREET ADDRESS

(If rural, give location)

DC 80

3. NAME OF DECEASED
(Type or Print)

a. (First) ALFRED b. (Middle) H.

c. (Last) HARRIS

4. DATE OF DEATH (Month) (Day) (Year)

Apr 5, 1956

5. SEX

Male white

6. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Dec 6, 1874

9. AGE (In years) IF UNDER 1 YEAR
last birthday Months Days Hours Min.

81

3

29

0

0

0

0

0

0

0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pet Kelly, Agent Oil Dealer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

Doway

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Michael Harris

13b. MOTHER'S MAIDEN NAME

Elizabeth

14. NAME OF HUSBAND/OR WIFE

Phillips deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes Spanish American

16. SOCIAL SECURITY NO.

500-20-0902A

17. INFORMANT'S SIGNATURE OR NAME

Jessie Harris

ADDRESS

Warsaw

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Hypostatic Pneumonia

MEDICAL CERTIFICATION

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

DUE TO (b)

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 NO

21a. ACCIDENT (Specify)

SUICIDE

HOMICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

bldg.

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

m.

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

June 12, 1955, to 4-4, 1956, that I last saw the deceased alive on 4-4, 1956, and that death occurred at 10 AM p.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

Claude M. Thurber, M.D.

23b. ADDRESS

Windsor, Mo.

23c. DATE SIGNED

4-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Apr 8, 1956

24c. NAME OF CEMETERY OR CREMATORIUM

Cincinnati Cemetery

24d. LOCATION (City, town, or county)

Cincinnati, Ohio

(State)

DATE REC'D BY LOCAL REG.

4-7-56

REGISTRAR'S SIGNATURE

Mildred Bigum

25. FUNERAL DIRECTOR'S SIGNATURE

John H. Rees

ADDRESS

Warsaw

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.....

John F. Resen

Licensed Embalmer No..... 40

P. O. Address..... *Wards*

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.