

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 11 1956

 BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. LENGTH OF STAY (in this place) 2 Months	c. CITY OR TOWN Edgar Springs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McFarland Nursing Home			STREET ADDRESS (If rural, give location) Edgar Springs, Missouri		
3. NAME OF DECEASED (Type or Print) a. (First) CARTER		b. (Middle) ROBERT	c. (Last) HARRIS	4. DATE OF DEATH (Month) (Day) (Year) April 1, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 18, 1868	9. AGE (In years last birthday) 88	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) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Near, Lecom, Dent Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Letch Harris		13b. MOTHER'S MAIDEN NAME Nancy Riley		14. NAME OF HUSBAND OR WIFE Florence Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. xx	17. INFORMANT'S SIGNATURE OR NAME George Webber, Rt. 1, Rolla Mo.	ADDRESS		
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Dementia				INTERVAL BETWEEN ONSET AND DEATH months??
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. coronary occlusion				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 304X				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., 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 2-2- , 1956 to 2-27- , 1956 what I last saw the deceased alive on 2-27- , 1956 and that death occurred at 4:00PM m., from the causes and on the date stated above.					
23a. SIGNATURE E. E. Fain			(Degree or title)	23b. ADDRESS Rolla Mo.	23c. DATE SIGNED 2-2-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 3, 1956	24c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery		24d. LOCATION (City, town, or county) (State) Near: Edgar Springs, Mo.	
DATE REC'D BY LOCAL REG. Apr. 3, 1956	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE N. L. Sons Funeral Home	ADDRESS Rolla Mo		

RECEIVED

Phelps County Health Officer,

County File Number 380

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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 S. L. Myers

Licensed Embalmer No. 339

P. O. Address Rally

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.