

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12762

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Booneville</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Joseph Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove</u>	
d. STREET ADDRESS (If rural, give location) <u>0210</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lizzie</u> b. (Middle) <u>Jane</u> c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 20, 1956</u>	
5. SEX <u>Female</u> OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 18, 1863</u>	
9. AGE (in years last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Ephren Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Whelan</u>	
14. NAME OF HUSBAND OR WIFE <u>John Beckley Harris</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mike S. Ray, Pilot Grove</u>		ADDRESS <u>Pilot Grove</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pleural effusion</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>493X</u>	
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) (Min.)		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 <u>4/16/56</u> , 19 <u>56</u> , to <u>4/20</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4/19</u> , 19 <u>56</u> , and that death occurred at <u>7:29 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. DeKrueger M.D.</u>		23b. ADDRESS <u>Booneville Mo</u>	
23c. DATE SIGNED <u>4/20/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4/23/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>East Fork Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Saline Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/20/56</u>		REGISTRAR'S SIGNATURE <u>W. Hooper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey Herdinger</u>		ADDRESS <u>Marshall Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Student Embalmer

Signed Joseph P. Mackler

Licensed Embalmer No. 4371

P. O. Address Marshall, Va

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.