

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 4475 Registrar's No. 80

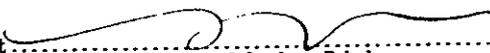
1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Malta Bend</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Malta Bend</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		Length of stay in lb	d. STREET ADDRESS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)			First	Middle	Last
<u>Annie Gertrude</u>			<u>Harris</u>		
4. DATE OF DEATH			Month	Day	Year
<u>May 14, 1956</u>			<u>May</u>	<u>14</u>	<u>1956</u>
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
<u>Female</u>	<u>Negro</u>	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	<u>Jan 28-1870</u>	<u>86</u>	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?
<u>Housekeeping</u>		<u>Home</u>	<u>Cambridge, Missouri</u>		<u>U.S.A.</u>
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
<u>Albner Green</u>			<u>Susan</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT		
<u>no</u>		<u>none</u>	<u>William Florence, Malta Bend, Missouri</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 hours.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>cardio vascular renal disease</u>					<u>15 years.</u>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20c. TIME OF INJURY	Hour	Month, Day, Year			
	a. m. p. m.				
20d. INJURY OCCURRED	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
21. I attended the deceased from <u>1941</u> to <u>May 14, 1956</u> and last saw her ^{her} him alive on <u>May 14, 1956</u> . Death occurred at <u>350</u> p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED	
<u>Geo A. Kelling MD</u>		<u>Waverly, Missouri</u>		<u>5/15/56</u>	
23a. BURIAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)		
<u>Burial</u>	<u>5/18/56</u>	<u>Waverly, Missouri</u>	<u>Waverly, Missouri</u> <u>Malta Bend - Saline Co., Mo.</u>		
24. FUNERAL DIRECTOR		ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
<u>George H. Green</u>		<u>Malta Bend, Mo</u>	<u>5-17-56</u>	<u>Cecil G. Keel</u>	

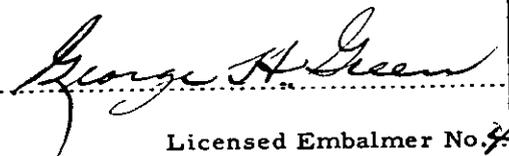
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision..

Student 
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 4

P. O. Address 

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