

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21370**
Registrar's No. **19**

FILED JUN 20 1956

BIRTH NO. _____		REG. DIST. NO. 264		PRIMARY REG. DIST. NO. 5892		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY OSARK				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY OSARK			
b. CITY OR TOWN LICK Creek Township		c. LENGTH OF STAY (in this place) 24 years		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) Lick Creek Township 0770			
3. NAME OF DECEASED (Type or Print) a. (First) Prudence		b. (Middle) V.		c. (Last) Harris		4. DATE OF DEATH (Month) (Day) (Year) 5 23 56	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4-7-1866	
9. AGE (In years last birthday) 90		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY OWN		11. BIRTHPLACE (City and State or Foreign Country) Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Rev. F. Thurston		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Joseph F. Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. John Dougherty Tecumseh, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile degeneration				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 1948 , to 4-23, 1956 , that I last saw the deceased alive on 5-8, 1956 , and that death occurred at 11:12 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Daniel R. Davis D.O.				23b. ADDRESS Bethesda, Mo.		23c. DATE SIGNED 6-1-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-25-56		24c. NAME OF CEMETERY OR CREMATORY Clear Springs		24d. LOCATION (City, town, or county) (State) OSARK Co. Mo.	
DATE REC'D BY LOCAL REG. 6/18/56		REGISTRAR'S SIGNATURE Thane Mahan		25. FUNERAL DIRECTOR'S SIGNATURE Chinkinghead		ADDRESS Gainesville, Mo.	

(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.....
Signature of Student Embalmer

Signed John R. Elmy.....

Licensed Embalmer No. 488

P. O. Address Gainesville

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.