

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24605**

FILED JUL 18 1956

BIRTH NO. _____		REG. DIST. NO. <b>275</b>		PRIMARY REG. DIST. NO. <b>3053</b>		Registrar's No. <b>127</b>	
1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Michigan</b> b. COUNTY <b>Saginaw</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. LENGTH OF STAY (in this place) <b>Trans</b>		c. CITY OR TOWN <b>Saginaw</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. Memorial Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2876 No. Michigan Road. 8210g</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>HARRIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 15, 1956</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 19, 1903</b>	
9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Days <b>1</b>		IF UNDER 2 HRS. Hours <b>26</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mech. Engineer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Dow Chemical Co.,</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Carrollton, Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Earl Harris</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Harris</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Harris</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No XX</b>		16. SOCIAL SECURITY NO. <b>371-05-1293</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. E. J. Harris Saginaw, Michigan</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage (Stroke)</b> ANTECEDENT CAUSES DUE TO (b) <b>Crushed Chest</b> DUE TO (c) <b>Skull fracture, Basal</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Crushed beneath overturned Automobile</b>					INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b>
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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>US Hwy 66</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Rolla</b> (COUNTY) <b>Phelps</b> (STATE) <b>Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7-15-56 1:30 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Thrown from, and pinned beneath overturned automobile. Head-on collision.</b>			
22. I hereby certify that I attended the deceased from <b>July 15, 1956</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:50 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>S. E. Null, Foreman</b> (Degree or title)				23b. ADDRESS <b>308 W 8th Rolla Mo</b>		23c. DATE SIGNED <b>7/16/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-16-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Removal to</b>		24d. LOCATION (City, town, or county) (State) <b>Saginaw, Michigan</b>	
DATE REC'D BY LOCAL REG. <b>July 16, 1956</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Null &amp; Sons Funeral Home</b>		ADDRESS <b>Rolla, Mo.,</b> By <b>S. E. Null.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

380

RECEIVED

Phelps County Health Officer,

County File Number 468

Date Filed JUL 17 1956

JUL 31 1956

**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. B. [Signature]*.....  
Licensed Embalmer No. 3397.....  
P. O. Address Railroad.....

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.