

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26324

State File No.

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. 971 PRIMARY REG. DIST. NO. 3012 Registrar's No. 71

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| 1. PLACE OF DEATH a. COUNTY Clay | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay | |
| b. CITY (If outside corporate limits, write RURAL and give town) Excelsior Springs Mo | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Excelsior Springs |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Excelsior Spgs. Hospital | | STREET ADDRESS (If rural, give location) Ridge Way Drive | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Opal | b. (Middle) | c. (Last) Harris | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 4- 1956 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 2, 1905 | 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months 9 Days 2 | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Presser | 10b. KIND OF BUSINESS OR INDUSTRY Laundry | 11. BIRTHPLACE (City and State or Foreign Country) Excelsior Springs | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Mertom Shephard | 13b. MOTHER'S MAIDEN NAME Leona Bales Stephens | 14. NAME OF HUSBAND OR WIFE James Porter Harris |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 488-32-6751 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruby Utz Lexington Mo. |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 week 1 year |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension | | |
| | DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 29 July, 1956, to 4 Aug, 1956, that I last saw the deceased alive on 4 Aug, 1956, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Ralph L. Nicholson, M.D. (Degree or title) | 23b. ADDRESS Excelsior Springs, Mo | 23c. DATE SIGNED 8/6/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug. 7, 56 | 24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Excelsior Springs Mo. |
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| DATE REC'D BY LOCAL REG. 8-7-56 | REGISTRAR'S SIGNATURE Caroline Hutchings | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Funeral Home Egg Mo |
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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 *Chas Virgil Hope*

Licensed Embalmer No. *3950*

P. O. Address *Excelsior, Minn.*

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.