

No. 300
10.48

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27444

State File No.

0520
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BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 426 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Illinois b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novelty	c. LENGTH OF STAY (in this place) 2 1/2 WKS	c. CITY OR TOWN Oquawka	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 Residence		e. STREET ADDRESS (If rural, give location) 8120	

3. NAME OF DECEASED (Type or Print) MARY ELLEN HARRIS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH July 31, 1956	(Month) (Day) (Year)
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov 4, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homekeeper		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Milan, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John R. Ross	13b. MOTHER'S MAIDEN NAME Elizabeth MC Clasky	14. NAME OF HUSBAND OR WIFE Hiram Robt. Harris
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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. John Hamilton Oquawka, Ill 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		INTERVAL BETWEEN ONSET AND DEATH July 16-20 July 31 1956
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____	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.			

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) 3-34 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 July 16, 1956, to July 31, 1956 that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE E. O. Holmes (Degree or title) _____	23b. ADDRESS Novelty Mo	23c. DATE SIGNED Aug 13 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2 Aug 1956	24c. NAME OF CEMETERY OR CREMATORY Terre Haute Cemetery
		24d. LOCATION (City, town, or county) (State) Terre Haute, Illinois

DATE REC'D BY LOCAL REG. Aug 22-56	REGISTRAR'S SIGNATURE W. L. Hunn	25. FUNERAL DIRECTOR'S SIGNATURE Edina ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Mrs J. W. Hudson*

Licensed Embalmer No. *29*

P. O. Address: *Edina*

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.