Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 32085

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7941

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Mo. — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Length of stay in Hospital: 3 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Michigan b. COUNTY: WAYNE
c. CITY OR TOWN: DEARBORN — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 4157 Bedford — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Howard Middle: NMN Last: Harris

4. DATE OF DEATH Month Day Year: August 26, 1956

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: APRIL-8-1910

9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 4 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINE-OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: AUTO-PARTS Supply

11. BIRTHPLACE (City and state or country): WOMACK- MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES HARRIS

14. MOTHER'S MAIDEN NAME: MINNIE THOMPSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 364-18-1025

17. INFORMANT: MRS-HOWARD-HARRIS - DEARBORN-MICHIGAN — Address: 4157 Bedford

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Obstruction of duodenum — INTERVAL BETWEEN ONSET AND DEATH: Sev. Yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Jejunal Ulcer — Many yrs.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 5421

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 4, 1956 to August 26, 1956 and last saw her/him alive on Aug. 26, 1956. Death occurred at 3:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. P. Vermillion, M.D. M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 8/27/56

23a. BURIAL, CREMATION, REMOVAL (Specify): [redacted]

23b. DATE: Aug-28-56

23c. NAME OF CEMETERY OR CREMATORY: HILLVIEW GARDENS

23d. LOCATION (City, town, or county) (State): FARMINGTON - MISSOURI

24. FUNERAL DIRECTOR ADDRESS: MILLER-FUNERAL HM. FARMINGTON, MO

25. DATE RECD. BY LOCAL REG.: AUG 28 1956

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

JUL 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. P. Burgess.....

Licensed Embalmer No. 40..

P. O. Address Maplew

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