

THE DIVISION OF HEALTH OF MISSOURI

FILED NOV 7 - 1956

STANDARD CERTIFICATE OF DEATH

558 State File No. 34536

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 466

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL-GALENA		c. LENGTH OF STAY (in this place) 42 yrs	c. CITY OR TOWN JOPLIN
d. FULL NAME OF HOSPITAL OR INSTITUTION JOPLIN RFD # 3		STREET ADDRESS (If rural, give location) GALENA TOWNSHIP # 3	

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) MARGARET c. (Last) HARRIS			4. DATE OF DEATH (Month) (Day) (Year) OCT 18 1956		
--	--	--	--	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR 25, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
----------------------	-------------------------------	---	--------------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-FC		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and State or Foreign Country) DRAKE'S CREEK ARK		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
---	--	---	--	---	--	--	--

13a. FATHER'S NAME JOHN B. PHILLIPS		13b. MOTHER'S MAIDEN NAME LULA NEAL		14. NAME OF HUSBAND OR WIFE HENRY C. 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 PEARL COOK ADDRESS JOPLIN	
---	--	-------------------------------------	--	---	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 3 wks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension yrs					
		DUE TO (c) Gen. Vascular sclerosis yrs					
		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)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **9-16-56**, 19**56**, to **10-18-56**, 19**56**, that I last saw the deceased alive on **10-17-56**, 19**56**, and that death occurred at **9:28** m., from the causes and on the date stated above.

23a. SIGNATURE W. Martin (Degree or title)		23b. ADDRESS Dd 709 Joplin St., Joplin Mo		23c. DATE SIGNED 10/20/56	
---	--	--	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT 22 1956		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW		24d. LOCATION (City, town, or county) (State) JOPLIN MO	
---	--	------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG 10-29-56		REGISTRAR'S SIGNATURE Nooe Merriam		25. FUNERAL DIRECTOR'S SIGNATURE Hurlock Glover ADDRESS Joplin	
---	--	---	--	--	--

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

County File Number 56-11-857
Date Filed NOV 2 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.....
Paul G. ...

Licensed Embalmer No. 45

P. O. Address...
Japan

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.