No. 300
10.48

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

FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40368

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 221

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place): 56 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nevada Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN: Nevada
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 602 North Ash Street

3. NAME OF DECEASED (Type or Print)
a. (First): Gladys
b. (Middle): Virginia
c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): November 13 1956

5. SEX: Fm
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: February 22 1879
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): Clover Creek, Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Christopher Graham
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND/OR WIFE: George Harris

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Annabel V. Harrie
ADDRESS: Hialeah, Florida 57 E. 56th Street

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, asthenia, 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: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension. — Don't Know.
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: None
19b. MAJOR FINDINGS OF OPERATION: None 331X
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP): Nevada (COUNTY): Vernon (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: None.

22. *I hereby certify that I attended the deceased from* Nov 10, 1956 *to* Nov 13, 1956, *that I last saw the deceased alive on* Nov 13, 1956, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. S. Love (Degree or title) MD
23b. ADDRESS: Nevada, Mo
23c. DATE SIGNED: 11/20/56.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 15 1956
24c. NAME OF CEMETERY OR CREMATORY: Jewell Cemetery
24d. LOCATION (City, town, or county) (State): Vernon County Missouri

DATE REC'D BY LOCAL REG.: 11-24-56.
REGISTRAR'S SIGNATURE: Anna E. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE: Ferry Funeral Home
ADDRESS: Nevada, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....B. J. Lindley.....

Licensed Embalmer No....48

P. O. Address Nevada

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