

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 3 1957

STATE FILE NUMBER 10479

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <i>Audrain</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Mexico</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Cairo</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Audrain Hosp.</i> Length of stay in 1b <i>3 days</i>		d. STREET ADDRESS (If outside, give location) <i>R.F.D #1</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>ERNEST CLEVE HARRIS</i> First Middle Last			4. DATE OF DEATH <i>Dec 23-1956</i> Month Day Year
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April-5-1893</i> Month Day Year
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <i>63</i> 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) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) <i>Monroe</i>
11. FATHER'S NAME <i>Lennie Harris</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Lennie Harris</i>		14. MOTHER'S MAIDEN NAME <i>Emma Bowman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Mrs Cleve Harris</i> Address <i>Cairo Mo</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>3 yrs.</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		334X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>12/20/56</i> to <i>12/23/56</i> and last saw her him alive on <i>12/22/56</i> Death occurred at <i>12/23/56 3:00 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not write in ink) <i>Benjamin J. Kelly MD</i>		22b. ADDRESS <i>117 N. Clark Empire, Mo</i>	22c. DATE SIGNED <i>12/26/56</i>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Funeral</i>	23b. DATE <i>12/26/56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Liberty Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Cairo Missouri</i>
24. FUNERAL DIRECTOR <i>Cater Funeral Home</i> ADDRESS <i>Market St. Cairo, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Dec. 26-1956</i>	26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner must certify to a death due to natural causes. Diseases in Part I must be causally related.

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 *Jerry B. Cotes*.....
Licensed Embalmer No. *496*

P. O. Address *Moberly*

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.