

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40623**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1361**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 63 Yrs.		c. CITY OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2312 Sylvania Street		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS 2312 Sylvania Street		e. STREET ADDRESS (If rural, give location) 2312 Sylvania Street			
3. NAME OF DECEASED (Type or Print) Lillie Mae Harris		a. (First)		b. (Middle)	
c. (Last) Harris		4. DATE OF DEATH Dec. 19, 1956		5. (Month) (Day) (Year)	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH May 29, 1893		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days	
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) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Phelps		13b. MOTHER'S MAIDEN NAME Leutscha Weather	
14. NAME OF HUSBAND OR WIFE Walter 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 Doris Sanders		17. INFORMANT'S SIGNATURE OR NAME City ADDRESS 2312 Sylvania St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Cerebral Hemorrhages			
		INTERVAL BETWEEN ONSET AND DEATH 6 Mos.			
		ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis Unk.			
		DUE TO (c) Auricular Fibrillation and Hypertension.			
		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 331x		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) (Min)		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 Aug 16, 1956 , to Dec. 19, 1956 , that I last saw the deceased alive on Dec 13, 1956 , and that death occurred at 4:00p.m. , from the causes and on the date stated above.					
23a. SIGNATURE H F Mundy		(Degree or title) MD		23b. ADDRESS 2801 Sacramento St. Joseph, Mo.	
23c. DATE SIGNED Dec 20 '56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 22, 1956	
24c. NAME ON CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.			
DATE REC'D BY LOCAL REG. Dec 26, 1956		REGISTRAR'S SIGNATURE Bethel M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander	
		ADDRESS St. Joseph, Mo.			

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..... *Wm. H. O'Leary*

Licensed Embalmer No. *4450*

P. O. Address *St. Joseph*

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.