

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44436

State File No.

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Slater)		c. CITY OR TOWN Slater	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place township) 10 yrs		e. STREET ADDRESS (If rural, give location) 435 Vaughn St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 435 Vaughn St.			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Milton	c. (Last) Harris	4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 14, 1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 10 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Miami, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Stephen Harris	13b. MOTHER'S MAIDEN NAME Kathryn Mc Clain	14. NAME OF HUSBAND OR WIFE Daisy Harris
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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 Mrs. Daisy Harris, Slater, Mo. ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 26 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Menace		DUE TO (b) Chr Myocardite
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-12 to 12-29, 1956, that I last saw the deceased alive on 12-29, 1956, and that death occurred at 5:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE Walter J. Haines (Degree or title)	23b. ADDRESS Slater, Mo.	23c. DATE SIGNED 12/31/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/30/1956	24c. NAME OF CEMETERY OR CREMATORY Ridge Park	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. 1-3-'57	REGISTRAR'S SIGNATURE Mrs. Earl O. Metz	25. FUNERAL DIRECTOR'S SIGNATURE Walter J. Haines ADDRESS Slater, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Walter J. Haines, Jr.*
Licensed Embalmer No. *455*
P. O. Address *Slater*

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.