

FILED JAN 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44631**
Registrar's No. **98**

REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 98	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo. 205 N 13th		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Poplar Bluff		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Assembly of God Rest Home				e. STREET ADDRESS (If rural, give location) 205 North B St. 01270			
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Alfred		c. (Last) Harris		4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 7, 1891	
9. AGE (In years last birthday) 65		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) Rail Roader, Retired		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Lodi, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME O.C. Harris		13b. MOTHER'S MAIDEN NAME Mary A. Winder		14. NAME OF HUSBAND OR WIFE Dorothy 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. 494-07-6868		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Susie White, Poplar Bluff, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of lower abdomen ANTECEDENT CAUSES Origin unknown Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Probable carcinoma of Colon. II. OTHER SIGNIFICANT CONDITIONS Severe secondary anemia.					INTERVAL BETWEEN ONSET AND DEATH 2 Mo.
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 753X				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 4:00 PM, 19 56 , to 2:00 PM, 19 56 , that I last saw the deceased alive on 4 Dec, 1956 , and that death occurred at 3:30 PM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. B. Broshier MD				23b. ADDRESS 5211 W. Poplar Bluff, Mo. 102-57		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-28-56		24c. NAME OF CEMETERY OR CREMATORY Antioch Cem.		24d. LOCATION (City, town, or county) (State) Wayne County, Mo.	
DATE REC'D BY LOCAL REG. 1/16/57		REGISTRAR'S SIGNATURE W. B. Broshier		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.			

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

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RECEIVED

JAN 14 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Charles E. Mungle

Licensed Embalmer No. 487

P. O. Address Poplar Bluff

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.