

STANDARD CERTIFICATE OF DEATH

5714

FILED MAR 14 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5917 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PERRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - ST. MARYS</u>		c. CITY OR TOWN <u>ST. MARYS TOWNSHIP 0790</u>	
c. LENGTH OF STAY (in this place) <u>6 YRS.</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 mi. N.E. of FREDERICKTOWN</u>			

3. NAME OF DECEASED a. (First) <u>ALVIS</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>HARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 13, 1957</u>		
---	--	--	--	--	--

5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 29, 1889</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING CONSTRUCTION</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>MADISON COUNTY, MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>FIELDING D. HARRIS</u>			13b. MOTHER'S MAIDEN NAME <u>LOUISA JANE DENNIS</u>			14. NAME OF HUSBAND OR WIFE <u>ANNIE HARRIS</u>		
---	--	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-10-5823</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ANNIE HARRIS (PERRYVILLE, MO.)</u>		ADDRESS <u>RS</u>	
---	--	---	--	--	--	----------------------	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure</u>		ANTECEDENT CAUSES					
		DUE TO (b) <u>Coronary atherosclerosis</u>					
		DUE TO (c) <u>ART. SCLEROSIS</u>					
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 <u>4201</u>				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) <u>Perryville MO. Perry County MO. MO.</u>	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Coroner of Perry County, Mo. that I last saw the deceased alive on Coroner of Perry County, Mo. and that death occurred at 12:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Om Wiseman</u>		(Degree or title) <u>Coroner of Perry County, Mo.</u>		23b. ADDRESS <u>Perryville Mo.</u>		23c. DATE SIGNED <u>1-16-57</u>	
-------------------------------------	--	--	--	---------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/16/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MISSION CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PERRY COUNTY, MO.</u>	
--	--	-----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>1-22-57</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zollner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stoddardson</u>		ADDRESS <u>FREDERICKTOWN, MO.</u>	
--	--	--	--	--	--	--------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

50

DLVE

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 *Raymond B. Wilson*.....

Licensed Embalmer No. *4889*

P. O. Address *Frederick*.....

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.