

FILED MAR 18 1957

THE DIVISION OF REALITY OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7674

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 273

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, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph 01170		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1724 Eighth Ave.			Length of stay in lb 42 yrs		d. STREET ADDRESS 1724 Eighth Ave.		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE Last ARTHUR RAYMOND HARRIS				4. DATE OF DEATH Month Day Year March 11 1957					
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 13, 1908		9. AGE (In years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse man		10b. KIND OF BUSINESS OR INDUSTRY Kirwin Furniture		11. BIRTHPLACE (City and state or country) Custer, So. Dakota		12. CITIZEN OF WHAT COUNTRY? U S A			
13. FATHER'S NAME William C. Harris Sr.				14. MOTHER'S MAIDEN NAME Floria Rogers					
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. 473-10-7222		17. INFORMANT Address William C. Harris Jr. St. Joseph, Mo.				
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>Anginal Heart Attack</i>								INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>✓</i>		DUE TO (c) <i>✓</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>4202</i>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>	
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>March 10<sup>th</sup>, 1957</i> <i>March 11<sup>th</sup>, 1957</i> and saw <i>XXXX</i> alive or <i>him</i> <i>March 11-1957</i> Death occurred at <i>11:30A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>John G. Swails M.D.</i> (Degree or title)				22b. ADDRESS <i>Wathena, Kansas</i>				22c. DATE SIGNED <i>3-11-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-14-57		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Mo.		(State)	
24. FUNERAL DIRECTOR <i>Stoney Funeral Home</i> ADDRESS St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. <i>March 15, 1957</i>		26. REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>			

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Use only black ink or ribbon typewrite if possible.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no signs. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MAR 22 1951

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 *George A. Kerby*

Licensed Embalmer No. *47*

P. O. Address *Pos...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.