

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11824**

FILED MAR 18 1957

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 4517		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brandon		c. LENGTH OF STAY (in this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 1040 Ruth		d. STREET ADDRESS (If rural, give location) Halena Mo R-2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Skaggs Memorial Hospital							
3. NAME OF DECEASED (Type or Print) Harriett		a. (First) Harriett		b. (Middle) S		c. (Last) Harris	
4. DATE OF DEATH (Month) (Day) (Year) Mar 8-1957		5. SEX F		6. COLOR OR RACE Wh		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 8-9-1910		9. AGE (in years last birthday) 46-6-29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		11. BIRTHPLACE (City and State or Foreign Country) Spidmore Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (City and State or Foreign Country) Spidmore Mo		12. CITIZEN OF WHAT COUNTRY? U.S	
13a. FATHER'S NAME Edwin Fargo		13b. MOTHER'S MAIDEN NAME Pearl (unfam)		14. NAME OF HUSBAND OR WIFE Clyde 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. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Werner - Halena 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) Nemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic glomerulonephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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.)	
21d. TIME OF INJURY		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 Mar 1, 1957 to March 8, 1957 , that I last saw the deceased alive on March 8, 1957 , and that death occurred at 4:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ed D. Bennett M.D.				23b. ADDRESS Brandon Mo		23c. DATE SIGNED 3-13-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 11-1957		24c. NAME OF CEMETERY OR CREMATORY Coon Ridge		24d. LOCATION (City, town, or county) (State) Stone-Co. Mo.	
DATE REC'D BY LOCAL REG. 3-15-57		REGISTRAR'S SIGNATURE Nelle Campbell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Everett L. Cheatham Halena Mo			

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

514-0

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Minnie L. Wheelchel

Licensed Embalmer No. 2277

P. O. Address Bramson MS

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 this body is not embalmed, fact should be so stated above.