FILED JUL 10 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 022047
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY PEMISCOT	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PEMISCOT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HAYTI — Inside Limits Yes X No ☐	c. CITY OR TOWN 678 / HAYTI — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MARVIN Middle Last HARRIS		4. DATE OF DEATH Month Day Year JUNE 16, 1957	
5. SEX MALE 2	6. COLOR OR RACE COLORED	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH
9. AGE (In years last birthday) ABT. 45	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) DAY LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LITTLE ROCK, ARKANSAS	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT MRS. MARVIN HARRIS Address HAYTI, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Tuberculosis Bilateral, Active c̄ Cavities

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 002X

INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 6-6-57 to 6-16-57 and last saw her/him alive on 6-14-57

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. F. Shirley M.D.	22b. ADDRESS Hayti, Mo.	22c. DATE SIGNED 6-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 21, 1957	23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE COLORED	23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI
24. FUNERAL DIRECTOR ADDRESS DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.		25. DATE RECD. BY LOCAL REG. 6-26-57	26. REGISTRAR'S SIGNATURE John W. German

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

7-190-57

JUL 9 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

VS DEC 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph A. DeLisle

Licensed Embalmer No. 448

P. O. Address Portageville

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.