

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27023**

BIRTH NO. **FILED JUL 22 1957** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1240**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. John		c. CITY OR TOWN Overland d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rugh Manor		e. STREET ADDRESS (If rural, give location) 9121-Arcyle Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Rebecca b. (Middle) Ann c. (Last) Harris			4. DATE OF DEATH (Month) (Day) (Year) July 10, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED Never Married Married	8. DATE OF BIRTH Mar. 11, 1878
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Finis Elliff	
13b. MOTHER'S MAIDEN NAME Betty Johnson		14. NAME OF HUSBAND OR WIFE Virgil G. Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Virgil G. Harris		ADDRESS 9121-Arcyle Avenue	
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) Generalized arteriosclerosis with cerebral vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 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	
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) 331X	
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 July 7, 1947 , to July 10, 1957 , that I last saw the deceased alive on 7/8, 1957 , and that death occurred at 3:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE James J. Seelye MD		23b. ADDRESS 8924th St Charles Park Blvd	
23c. DATE SIGNED 7/11/57		24a. BURLIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-12-1957		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Park	
24d. LOCATION (City, town, or county) (State) Pagedale, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE James J. Seelye ADDRESS 2504-Woodson Rd-Overland-14-Mo.	
DATE REC'D BY LOCAL REG. 7/11/57		REGISTRAR'S SIGNATURE Herbert R. Donahue	

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

S. No. 300
v. 10-48

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 *David C. Gibson*

Licensed Embalmer No. *3462*

P. O. Address *Overland*

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.