

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28920

STATE FILE NUMBER

FILED AUG 20 1957

Registration District No. 270 Primary Registration District No. 30.50 Registrar's No. 73

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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1. PLACE OF DEATH a. COUNTY <i>Fernand</i>			2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Fernand</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Caruthersville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Caruthersville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Simms Corner 6 yrs</i>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>Simms Corner</i>
3. NAME OF DECEASED (Type or print) <i>James L Harris</i>			4. DATE OF DEATH <i>8 11 57</i>		Month Day Year
5. SEX <i>Male</i>	6. COLOR OR RACE <i>negr</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-15-1884</i>	9. AGE (In years last birthday) <i>73</i>	IF UNDER 1 YEAR Month Days Hours Min. <i>4 26</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Cotton farm</i>		11. BIRTHPLACE (City and state or country) <i>Edmond Miss</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John Harris</i>			14. MOTHER'S MAIDEN NAME <i>Phelia Newman</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT <i>Scipio Harris Caruthersville Mo</i>	
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>Massive Cerebral Hemorrhage</i> DUE TO (b) <i>Hypertension</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs undeter</i>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>11 Aug 1957</i> to <i>11 Aug 1957</i> and last saw <i>him</i> alive on <i>11 Aug 1957</i> Death occurred at <i>15 9 m</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Two lookends</i>		22b. ADDRESS <i>Caruthersville mo</i>		22c. DATE SIGNED <i>8/14/57</i>	
23a. BURIAL OR REMOVAL (Specify)		23b. DATE <i>8-14-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Wylthville, Ark.</i>		23d. LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR <i>J. A. Crumpler</i>		ADDRESS <i>Wylthville</i>		25. DATE RECD. BY LOCAL REG. <i>8-15-1957</i>	26. REGISTRAR'S SIGNATURE <i>Jessie B. Wilke</i>

(Licensed Embalmer's Statement on Reverse Side)

8-230-57

AUG 19 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
[Handwritten Signature]

Licensed Embalmer No. *[Handwritten]*

P. O. Address *[Handwritten]*

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..