

FILED OCT 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35334

STATE FILE NUMBER

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 164

S. 300  
1-57

|  |                               |   |   |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH:<br>a. COUNTY <b>DUNKLIN</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b>                      |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>CAMPBELL</b>  |                               | c. CITY OR TOWN <b>MALDEN</b>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR <b>BAPTIST HOME</b>   |                               | d. STREET ADDRESS <b>MALDEN</b> (If outside, give location)   |   |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                               | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| Length of stay in lb <b>10 DAYS</b>  |                               | Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>CYNTHIA</b> Middle <b>ELIZABETH</b> Last <b>HARRIS</b>   |                               |   | 4. DATE OF DEATH<br>Month <b>OCTOBER</b> Day <b>20</b> Year <b>1957</b>                           |
| 5. SEX <b>FEMALE</b>   | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>8-11-1879</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>   | 11. BIRTHPLACE (City and state or country) <b>SWINTON, Mo.</b>                                    |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |                               | 13. FATHER'S NAME <b>WILL BURTON</b>  |   |
| 13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>   |                               | 14. NAME OF HUSBAND OR WIFE <b>BERT HARRIS</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no (unknown) (If yes, give war or type of service))<br><b>NO</b>  |                               | 16. SOCIAL SECURITY NO. <b>UNKNOWN</b>  |   |
| 17. INFORMANT <b>BERT HARRIS</b>   |                               | Address <b>MALDEN, Mo.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Failure</b>   |                               |   | INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerotic Cardio-Vascular Disease</b>   |                               |   | <b>? years</b>  |
| DUE TO (c) _____   |                               |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4221</b>   |                               |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.  |                               |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>6:05 A.M. 9/24/57</b> to <b>10/19/57</b> and last saw her/him alive on <b>10/19/57</b><br>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)<br><b>Wallace A. Belsey M.D.</b>  |                               | 22b. ADDRESS <b>Campbell Mo.</b>  |   |
| 22c. DATE SIGNED <b>10/22/57</b>   |                               |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                               | 23b. DATE <b>10-22-1957</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY <b>BLOOMFIELD</b>   |                               | 23d. LOCATION (City, town, or county) (State)<br><b>BLOOMFIELD, Mo.</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>DAY FUNERAL HOME, MALDEN, Mo.</b>   |                               | 25. DATE RECD. BY LOCAL REG. <b>10-24-57</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Beulah Shuffler</b>   |                               |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED DUNKLIN, COUN

DEPARTMENT 10-2

COUNTY FILE NUMBER (C

NOV 5 1957

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

*J. R. Schuman*

Licensed Embalmer No. 4086

P. O. Address Malden

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.