

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40834

State File No.

FILED DEC 2 - 1957

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Carthage</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>80 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>505 W. Macon</u> 04950	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>505 W. Macon</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clive</u> b. (Middle) <u>Gaines</u> c. (Last) <u>Harris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. - 17 - 57</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 8, 1875</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Everton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Sylvester D. Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hugal Harris, Rt. 5, Neosho, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Coronary Artery Disease -</u> ANTECEDENT CAUSES <u>Senility</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u>		INTERVAL BETWEEN ONSET AND DEATH <u>(?)</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) <u>none</u>		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 15, 1957 to Nov 17, 1957, that I last saw the deceased alive on Nov 17, 1957, and that death occurred at 11:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>		23b. ADDRESS <u>304 Grant, Carthage, Mo.</u>		23c. DATE SIGNED <u>11/18/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-20-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KNELL MORTUARY, Carthage, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-19-57</u>		REGISTRAR'S SIGNATURE <u>W. Clinton</u>			

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

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County Office

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 *Frank W. Knell*

Licensed Embalmer No. 4440

P. O. Address *Carters*

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.