

FILED JAN 2 1958

STANDARD CERTIFICATE OF DEATH

State File No. 45323

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5939 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>		
b. CITY OR TOWN <u>Rural S.E. Newburg</u>		c. CITY OR TOWN <u>Near Vida Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. LENGTH OF STAY (in this place) <u>67 yrs</u>			e. STREET ADDRESS (If rural, give location) <u>0810</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Vida</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>MARION</u> c. (Last) <u>HARRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Nov 20 1890</u>		9. AGE (In years last birthday) <u>67</u> Months <u>1</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>←</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James William Harris</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH BROWN</u>		14. NAME OF HUSBAND OR WIFE _____	
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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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANK Gabel Vida - Mo.</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Thromboses</u>			INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tachyoma</u>				
	DUE TO (c) <u>None</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>			20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>H201</u>			
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 1908, 1908, to 12-20-1957, that I last saw the deceased alive on 19, and that death occurred at 10:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. C. Brewer M</u> (Degree or title)		23b. ADDRESS <u>Newburg Mo</u>		23c. DATE SIGNED <u>12/24/57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 22 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coan Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Vida Mo</u>		
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DATE REC'D BY LOCAL REG. <u>Dec 23, 1957</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lee Johnson Newburg Mo</u>		
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

380

RECEIVED

Phelps County Health Officer,

County File Number 926

Date Filed 12/31/59

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 William Lee STRAWHUN..... Student Embalmer No. 543..... working under my personal supervision..

Student William Lee Strauben  
Signature of Student Embalmer

Signed Lee Johnson.....

Licensed Embalmer No. 3392.....

P. O. Address Newburg.....

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.