

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 47721

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5427 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett Ind. Imp.		c. CITY OR TOWN Kennett		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) Years		e. STREET ADDRESS (If rural, give location) Route 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence Rural #1					

3. NAME OF DECEASED (Type or Print) Lela			a. (First)			b. (Middle)			c. (Last) Harris			4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1957		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 20, 1888		9. AGE (in years last birthday) 61		IF UNDER 1 YEAR Months 1		IF UNDER 1 YEAR Days 24		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Louisville Kentucky				12. CITIZEN OF WHAT COUNTRY? U.S.			
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13a. FATHER'S NAME George Harvey				13b. MOTHER'S MAIDEN NAME Sally Keltner				14. NAME OF HUSBAND OR WIFE C.L. Harris			
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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 C.L. Harris				ADDRESS Kennett, Mo. Rt. 1			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis												ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis												30 min.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.												DUE TO (c) Hypertension												5 years			
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 4201								20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from Mar 1954, to Nov 14, 1957 that I last saw the deceased alive on Nov 14, 1957 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Chester R. Beck M.D.						23b. ADDRESS Kennett, Mo						23c. DATE SIGNED 2-12-58					
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 11/16/57				24c. NAME OF CEMETERY OR CREMATORY Oak Ridge				24d. LOCATION (City, town, or county) (State) Kennett Missouri			
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DATE REC'D BY LOCAL REG 2-17-1958				REGISTRAR'S SIGNATURE C. L. Harris				25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Service, Senath, Mo.				ADDRESS			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

90-1

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-24-5

COUNTY FILE NUMBER 258

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 *Hubert B. Baird*

Licensed Embalmer No. 4888

P. O. Address *Fennell*

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.