

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004717

STATE FILE NUMBER

FILED FEB 25 1958

Registration District No. 53 Primary Registration District No. _____ Registrar's No. 190

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cape Girardeau <i>06/8/58</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast		Length of stay in 1b 5 yr	d. STREET ADDRESS (If outside, give location) 1324 Broadway Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Allen Middle Monroe Last Harris			4. DATE OF DEATH Feb 14 1958 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED: <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1885	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Boat Building	11. BIRTHPLACE (City and state or country) Bone Gap Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Newton Harris			14. MOTHER'S MAIDEN NAME Sarah Nading		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs Allen M Harris, Cape Gir Mo Address _____		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Prostate		INTERVAL BETWEEN ONSET AND DEATH 3 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (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) Arteriosclerotic Heart Disease -		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 _____ 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 4-5-57 to 2-14-58 and last saw him alive on 2-13-58 Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Harold Shindig MD		22b. ADDRESS Cape Girardeau, Mo	22c. DATE SIGNED 2/15/58
23a. BURIAL PERMITS REC'D. (Specify)	23b. DATE 2-16-1958	23c. NAME OF CEMETERY OR CREMATORY Bone Gap Ill	23d. LOCATION (City, town, or county) (State) Bone Gap Ill
24. FUNERAL DIRECTOR Brinkopf Howell Cape Girardeau Mo.		25. DATE RECD. BY LOCAL REG. Feb. 19, 1958	26. REGISTRAR'S SIGNATURE Mrs. Homer E. Cooper

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no natural causes. All 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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VS JUN 2 1959

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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 *Neil H. Grosshender*

Licensed Embalmer No. *49*

P. O. Address *Cape Girardeau*

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.