FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006590
STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Granby — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home — Length of stay in 1b: 3 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: Granby — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 073 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Samuel Middle: Elmer Last: Harris
4. DATE OF DEATH Month Day Year: 2-6-1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]
8. DATE OF BIRTH: 6-23-1889
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rt. Rural Mail Carried
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.
11. BIRTHPLACE (City and state or country): Newton County Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Edward Harris
14. MOTHER'S MAIDEN NAME: Amanda Brower
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-36-2430
17. INFORMANT Address: Mrs. Opal DeLisle Joplin, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Essential Hypertension
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443 X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Aug 8-1957 to 2-6-58 and last saw her/him alive on 1-24-58
Death occurred at 3:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Melvin McCullough D.O. 2
22b. ADDRESS: Neosho Mo
22c. DATE SIGNED: 2/7/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-9-1958
23c. NAME OF CEMETERY OR CREMATORY: Dice Cemetery
23d. LOCATION (City, town, or county) (State): Fairview, Missouri
24. FUNERAL DIRECTOR ADDRESS: Floyd E. Shewmake Jr. Granby, Mo
25. DATE RECD. BY LOCAL REG.: Feb. 8, 1958
26. REGISTRAR'S SIGNATURE: M. F. Young

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
District Health Officer No. Newton
District File Number 258-38
Date Filed FEB 12 1958

FEB 20 1958

MAY 14 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Floyd E. Sherwood.

Licensed Embalmer No. 492

P. O. Address Box 58 Granby,

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.