

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017217
State File No.

FILED JUN 10 1958

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY Atchison
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)
a. STATE Missouri b. COUNTY Holt

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax c. LENGTH OF STAY (In this place) 4 hrs.
c. CITY OR TOWN Maitland 0440 d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hosp. e. STREET ADDRESS (If rural, give location) 5 Miles Southwest

3. NAME OF DECEASED a. (First) Mary b. (Middle) Fern c. (Last) Harris 4. DATE OF DEATH (Month) (Day) (Year) May 26, 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 5, 1895 9. AGE (In years last birthday) 62 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY In the home 11. BIRTHPLACE (City and State or Foreign Country) Fairfax, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Peter A. Sillers 13b. MOTHER'S MAIDEN NAME Sarah B. Albright 14. NAME OF HUSBAND OR WIFE Vodrae Harris

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. None 17. INFORMANT'S SIGNATURE OR NAME Vodrae Harris, Maitland, Missouri ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 12 hrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Emphysem Pneumonia 12 hrs.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
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 330X 20. AUTOPSY? 0 YES NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952 to May 26, 1958, that I last saw the deceased alive on May 26, 1958, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James F. Sullivan M.D. 23b. ADDRESS Oregon, Mo 23c. DATE SIGNED 5/30/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/28/58 24c. NAME OF CEMETERY OR CREMATORY Hong Cemetery 24d. LOCATION (City, town, or county) (State) Tarkio, Missouri

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 2, 1958 Harwin A. Schaefer 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James H. Crawford Marion City, Mo

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

JUN 12 1958

DEC 14 1959

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 *James H. Crawford*.....
Licensed Embalmer No. *4790*.....
P. O. Address *Round City*.....

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.