

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017465
STATE FILE NUMBER

FILED JUN 10 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Fulton 01430	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital		d. STREET ADDRESS (If outside, give location) 311 West 7th St.	
3. NAME OF DECEASED (Type or print) First Tyree Middle Crawford Last Harris Jr.		4. DATE OF DEATH Month June Day 4 Year 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 21, 1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant to President, Westminster College		11. BIRTHPLACE (City and state or country) St. Louis, Mo 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Tyree Crawford Harris		14. MOTHER'S MAIDEN NAME Mary L. Cannon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W.II Maritime Service		16. SOCIAL SECURITY NO.	
17. INFORMANT John & Overton Harris		Address Fulton, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism fractures of ribs 6-7-8-9 with partial rib fracture of left lower thorax; fracture left tibia; Multiple abrasions & contusions; Stabs. DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) trauma of car onto accident			INTERVAL BETWEEN ONSET AND DEATH + hours (Since 5/30/58)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Drove car off City street down ditch + ravine off near Westminster College, Fulton, Mo.		
20c. TIME OF INJURY Hour 2:20 a.m. Month, Day, Year May 30, 1958	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) off City street	20f. CITY, TOWN, OR LOCATION Fulton	COUNTY Callaway	STATE Mo.
21. I attended the deceased from 5/30/58 to 6/4/58 and last saw him alive on 6/4/58 Death occurred at 2:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Henry Dunt M.D.		22b. ADDRESS Fulton, Mo.	22c. DATE SIGNED 6/5/58
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE June 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	23d. LOCATION (City, town, or county) (State) Fulton Mo
24. FUNERAL DIRECTOR Walker Funeral Home, Fulton, Mo		25. DATE RECD. BY LOCAL REG. June 5, 1958	26. REGISTRAR'S SIGNATURE Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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

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VS JUL 18 1900

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 *Donald C. Browning*

Licensed Embalmer No. *273*

P. O. Address *Fulton*

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.