

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017844

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 555

3. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b> <i>n 39 b</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2113 Nichols</b>		d. STREET ADDRESS (If outside, give location) <b>2113 Nichols</b>	
Length of stay in lb <b>20 yrs,</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>IRA</b> Middle <b>THEODORE</b> Last <b>HARRIS</b>			4. DATE OF DEATH Month <b>May</b> Day <b>28,</b> Year <b>1958</b>		
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5. SEX <b>Male</b> <i>0</i>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 25, 1890</b>	9. AGE (In years) <b>67</b> (last birthday)	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Boilermaker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Boilermaker</b>	11. BIRTHPLACE (City and state or country) <b>Long Lane, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Robert Harris</b>	13b. MOTHER'S MAIDEN NAME <b>Lucy Lee</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <b>no</b> unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mr. Bert Harris</b> Address <b>Springfield, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Probable Coronary Thrombosis</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		
DUE TO (c) <b>UNATTENDED BY A PHYSICIAN</b> <i>4200</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
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20c. TIME OF INJURY Hour <b>8:00</b> Month <b>May</b> Day <b>28,</b> Year <b>1958</b>	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 <b>Springfield</b>	COUNTY <b>Greene</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>May 28, 1958</b> and last saw him <b>Alive</b> on <b>May 28, 1958</b> at <b>8:00</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>James P. Anderson M.D.</i> (Degree or title)	22b. ADDRESS <b>Greene County Health Officer Springfield, Missouri</b>	22c. DATE SIGNED <b>6-2-58</b>
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23a. BURIAL, CREMATION, RECOVERY (Specify) <b>Burial</b>	23b. DATE <b>31 May 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Liberty</b>	23d. LOCATION (City, town, or country) (State) <b>Dallas County, Mo.</b>
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24. FUNERAL DIRECTOR <b>Ralph Thieme</b> Address <b>Springfield, Mo. LM</b>	25. DATE RECD. BY LOCAL REG. <b>6-2-58</b>	26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 14 1958

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 *Lee Mason* .....

Licensed Embalmer No. 4568

P. O. Address. Springfield, Mo.

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.