

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017981  
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 141 Primary Registration District No. 5557 Registrar's No. 29

300  
1-57  
460

3

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WEST PLAINS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>WEST PLAINS, 0460</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 63, South</u>		Length of stay in lb <u>Rm. 1</u>	d. STREET ADDRESS (If outside, give location) <u>x</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>QUANITA LOVERN HARRIS</u>			4. DATE OF DEATH Month Day Year <u>MAY 4th., 1958</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-15th., 38</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>chicken picker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>	11. BIRTHPLACE (City and state or country) <u>West Plains, Mo</u>
13a. FATHER'S NAME <u>BURDNE JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>ROSEY COLLINS</u>	14. NAME OF HUSBAND OR WIFE <u>IRVON HARRIS</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>x</u>		16. SOCIAL SECURITY NO. <u>YES</u>	17. INFORMANT Address <u>IRVON HARRIS, WEST PLAINS, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broken Neck</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immed</u>
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) <u>Crushed Chest</u>			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.) <u>Thrown out of Overturning Car</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>2:20 5-458</u>			
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.) <u>W. S. Hiway #63</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Howell 046 Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>2:20 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Doc R. Duncan Coroner 3</u>		22b. ADDRESS <u>Wm View Mo.</u>	22c. DATE SIGNED <u>5-25-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>5-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sharon</u>	23d. LOCATION (City, town, or county) (State) <u>Howell, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>ROBERTSONS, WEST PLAINS, MO</u>		25. DATE RECD. BY LOCAL REG. <u>5-31-58</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Docu, Card, etc. must use only standard nomenclature in item 18. No symbols will be used. All diseases in Part I must be causally related.

DEC 17 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 J. A. Roberts

Licensed Embalmer No. 3432

P. O. Address West Hill

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.