

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020347

STATE FILE NUMBER

LED MAY 26 1958

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1296

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>4000</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Clayton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Allenton</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>County</i>		Length of stay in lb <i>2 wks</i>	d. STREET ADDRESS (If outside, give location) <i>local</i>
3. NAME OF DECEASED (Type or print) First <i>Evelina</i> Middle <i>-</i> Last <i>Harris</i>			4. DATE OF DEATH Month <i>May</i> Day <i>13</i> Year <i>1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov 26, 1885</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>73</i>
11. BIRTHPLACE (City and state or country) <i>Linn Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. MOTHER'S MAIDEN NAME <i>Mary Jane Phillips</i>		14. NAME OF HUSBAND OR WIFE <i>Lewis Harris (deceased)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary emboli</i> DUE TO (b) <i>Acute suppurative parotitis</i> DUE TO (c) <i>537X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Generalized arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>5-9-58</i> to <i>5-13-58</i> and last saw her/him alive on <i>5-13-58</i> Death occurred at <i>9:55 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John E. Oakley, M.D.</i>		22b. ADDRESS <i>601 S. Brentwood Blvd. Clayton, Mo.</i>	
22c. DATE SIGNED <i>5/13/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>May 15</i>		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <i>Pacific Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Pacific Mo.</i>	
24. FUNERAL DIRECTOR <i>Mrs. John L. Shubes</i>		25. DATE RECD. BY LOCAL REG. <i>5-13-58</i>	
ADDRESS <i>Paige, Mo.</i>		26. REGISTRAR'S SIGNATURE <i>Herbert R. Denke M.D.</i>	

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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 *Ralph Altman*

Licensed Embalmer No. *4808*

P. O. Address *Union, 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.