THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020986
STATE FILE NUMBER

JUL 14 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 720

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Nebraska b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Roca 8260 8 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Methodist Hospital — Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First William, Middle Elmer, Last Harris

4. DATE OF DEATH: Month July, Day 3, Year 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Oct. 9, 1930

9. AGE (In years last birthday): 27 — 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): Construction worker

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (City and state or country): Nodaway Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: George Elmer Harris

13b. MOTHER'S MAIDEN NAME: Florence Vulgamott

14. NAME OF HUSBAND OR WIFE: Virginia Mae Janus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. 2

16. SOCIAL SECURITY NO.: ? Yes

17. INFORMANT: George Harris, Address: Clearmont, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Fracture cervical spine — 14 hrs.

DUE TO (c)

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 [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto accident

20c. TIME OF INJURY: Hour 6:40 p.m. Month, Day, Year July 2, 1958

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy #71

20f. CITY, TOWN, OR LOCATION 674 Clearmont Mo 2 Mi So — COUNTY Nodaway — STATE

21. I attended the deceased from July 2, 1958, to July 3, 1958 and last saw her/him alive on July 3, 1958. Death occurred at 10:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. H. Ryan M.D.

22b. ADDRESS St Joseph Mo

22c. DATE SIGNED 7.7.58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 6, 58

23c. NAME OF CEMETERY OR CREMATORY: Lamar Cemetery

23d. LOCATION (City, town, or county) (State): Elmo, Mo.

24. FUNERAL DIRECTOR: Earl A Clark — ADDRESS: Clark Funeral Home St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: July 7, 1958

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS JUN 1 5 1959
JUL 2 2 1958
OCT 2 8 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 Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.