

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029455
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 157 Primary Registration District No. 5586 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mineral MARION</u>		c. CITY OR TOWN <u>Carthage</u> 0490	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route # 4</u>		d. STREET ADDRESS (If outside, give location) <u>Route # 4</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>W. R. Harris</u>			4. DATE OF DEATH Month Day Year <u>Aug. 19, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Feb. 13, 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Welding Shop</u>	11. BIRTHPLACE (City and state or country) <u>Judenville, Mo.</u>
13a. FATHER'S NAME <u>Lee Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Oliver Maple</u>	14. NAME OF HUSBAND OR WIFE <u>Adzona Webb Harris</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes W. W. # 1</u>		16. SOCIAL SECURITY NO. <u>442-05-9116</u>	17. INFORMANT Address <u>Mrs. W. R. Harris Route # 4</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>Coronary Occlusion</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>Viral lung infection 10 days prior</u>			INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>	
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 <u>7-23-58</u> to <u>8-19-58</u> and last saw her alive on <u>8-19-58</u> Death occurred at <u>10:10</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>P.M. Pence</u> (Degree or title) <u>D.O., 2</u>		22b. ADDRESS <u>Carterville, Mo</u>	
22c. DATE SIGNED <u>8-22-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-22-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Judenville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Judenville Missouri</u>
24. FUNERAL DIRECTOR <u>Ulmer Funeral Home, Carthage, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-2-58</u>	26. REGISTRAR'S SIGNATURE <u>Ed Clutter</u>

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

MEDICAL CERTIFICATION

396

SEP 10

SEP 10

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 *Elwin C. Elmer*

Licensed Embalmer No. *4953*
P. O. Address *Bartholomew*

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.