

Health,
& Welfare
Public
Service

Dr Cook

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029832
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HARTI</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>HARTI</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEM. Co. MEM. Hosp. D.O.A</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Box 513</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CORNELIUS</u> Middle Last <u>HARRIS</u>			4. DATE OF DEATH Month <u>8</u> Day <u>22</u> Year <u>58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>2 NEGRO</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-25-58</u>	
9. AGE (In years last birthday) <u>3</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>LANSING Mich.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>J.W. HARRIS</u>		13b. MOTHER'S MAIDEN NAME <u>ALLENE ARTIS</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No, if unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>J.W. HARRIS, Box 513 HARTI</u> Address
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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) <u>Severe Parenteral Diabetes</u> <u>with severe dehydration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	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>5710</u>		

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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 <u>5710</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>21 Aug 1958</u> to <u>22 Aug 58</u> and last saw ^{him} her <u>live</u> on <u>22 Aug 1958</u> Death occurred at <u>3 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Courchesville, Mo</u>	22c. DATE SIGNED <u>8/23/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-23-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MORGAN RIDGE</u>	23d. LOCATION (City, town, or County) (State) <u>CARTHERSVILLE Mo.</u>
24. FUNERAL DIRECTOR <u>JOHN W. GERMAN, HARTI</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-23-58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard notation 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

1-5-58
Bert G

AUG 29 1958

CARUTHERSVILLE MO

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

Licensed Embalmer No.....

P. O. Address.....

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.