

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035971
STATE FILE NUMBER

FILED NOV 6 1958 Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 42

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1-57
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1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY 8120 OR TOWN GODFREY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MAIN ST.		Length of stay in lb MINUTES	d. STREET ADDRESS (If outside, give location) 3119 GODFREY RD.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First MARY Middle LAZELL Last HARRIS			4. DATE OF DEATH Month Oct. Day 28 Year 1958		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 5, 1899	9. AGE (In years, months, days) 58	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) MACOUPIN COUNTY, ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MANNING KESSINGER	13b. MOTHER'S MAIDEN NAME ELIZABETH EDWARDS	14. NAME OF HUSBAND OR WIFE LLOYD HARRIS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>or</u> unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. UNK.	17. INFORMANT Byron F. Yancy Address ALTON, ILL.
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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) Acute myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary insufficiency	
	DUE TO (c) Hypertensive Cardiovascular-renal disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Left ventricular strain, asthma 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour . Month, Day, Year 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	COUNTY	STATE
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21. I attended the deceased from Jan 1, 1953 to Oct 25, 1958 and last saw <u>her</u> alive on Oct 25, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Mr. Williams (Degree or title)	22b. ADDRESS ALTON, ILL.	22c. DATE SIGNED 10/28/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/31/58	23c. NAME OF CEMETERY OR CREMATORY VALHALLA MEMORIAL PARK	23d. LOCATION (City, town, or country) (State) GODFREY, ILL.
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24. FUNERAL DIRECTOR Joseph A. Gent ADDRESS Alton Ill.	25. DATE RECD. BY LOCAL REG. 10-2-58	26. REGISTRAR'S SIGNATURE Thomas L. Winkler
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

secretary, coroner, etc., must use only standard nomenclature in Title 16. No symptoms will be listed. All diseases in Part I must be causally related.

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 HARRISON W. EATON, Student Embalmer No. 555 working under my personal supervision.

Student Harrison W. Eaton
Signature of Student Embalmer

Signed Harrison W. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan, 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.