

(THE DIVISION OF HEALTH OF MISSOURI)
STANDARD CERTIFICATE OF DEATH

58-039703

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No.

137

Primary Registration District No.

5513

Registrar's No.

931

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEESVILLE TWP Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN LEESVILLE TWP Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If outside, give location) 0925 Reside on Farm <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First PERN Middle AUGUST Last HARRIS		4. DATE OF DEATH Month 11 Day 11 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/9/1901
9. AGE (In years last birthday) 57		10. IF UNDER 1 YEAR Months 5 Days 7 IF UNDER 24 HRS. Hours 57 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) POPLAR BLUFF Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JAMES MONROE HARRIS		13b. MOTHER'S MAIDEN NAME CLARA KENNER	
14. NAME OF HUSBAND OR WIFE RUTH ANN HARRIS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 492-05-0870	
17. INFORMANT Mrs Ruth Ann Harris		Address Clinton	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		INTERVAL BETWEEN ONSET AND DEATH INSTANT 2 yrs-	
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. _____ Month, Day, Year _____			
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	
21. I attended the deceased from Sept 1956 to Nov 11, 1958 and last saw him alive on Nov 11, 1958 Death occurred at 10:32 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. B. Bradshaw, M.D. (Degree or title)		22b. ADDRESS Clinton, Mo.	
22c. DATE SIGNED 11-12-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/14/1958	
23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem		23d. LOCATION (City, town, or county) Marion Warsaw Mo (State)	
24. FUNERAL DIRECTOR Consolator ADDRESS Clinton Mo		25. DATE RECD. BY LOCAL REG. 11-13-58	
26. REGISTRAR'S SIGNATURE Mildred Bigum			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

NOV 21 1956

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 Eugene R. Consalvo

Licensed Embalmer No. 4680

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.