Health, & Welfare Public Service

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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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041660

STATE FILE NUMBER 10451

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Little Rock Hospitals Inc. — Length of stay in 1b 40

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Tennessee b. COUNTY
c. CITY OR TOWN Jackson — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3844 Cross Creek Road-12 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First James — Middle Claude — Last Harris

4. DATE OF DEATH Month October Day 31 Year 1958

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH January 18, 1887

9. AGE (In years last birthday) 71 — 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) Loco. Engineer (PENSR)

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and state or country) Chester County, Tenn.

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

13a. FATHER'S NAME L. D. Harris

13b. MOTHER'S MAIDEN NAME Mary Brewer

14. NAME OF HUSBAND OR WIFE Johnie M.

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

16. SOCIAL SECURITY NO. 411-30-5424

17. INFORMANT Johnie Harris, 3844 Cross Creek Rd. Nashville, Tenn.

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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of right lung — 5 mos.
DUE TO (c) 163x
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 [ ] NO [X] 2

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

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 WORK [ ] NOT WHILE AT WORK [ ]

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 June 1958, Oct. 31, 1958 and last saw the deceased alive on October 30, 1958
Death occurred at 2:40 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. C. Freeman, MD (Degree or title)

22b. ADDRESS 1755 South Grand Ave.

22c. DATE SIGNED 10-31-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10-31-58

23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery

23d. LOCATION (City, town, or county) (State) Jackson, Tenn.

24. FUNERAL DIRECTOR Smith Funeral Home- Jackson, Tenn — ADDRESS

25. DATE RECD. BY LOCAL REG. OCT 31 1958

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.O.

(Licensed Embalmer's Statement on Reverse Side)

NOV 21 1958

APR 16 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 J Wm Bentley

Licensed Embalmer No. 365

P. O. Address St Louis 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.