

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043718

State File No.

FILED DEC 22 1958

BIRTH NO. _____ REG. DIST. NO. 115166 PRIMARY REG. DIST. NO. 3020 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Sangamon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Washington</u> OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Springfield</u> 8120 8	
c. LENGTH OF STAY (in this place) <u>6 mo.</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Market & South Jefferson St</u> STREET ADDRESS <u>517 So. PARK</u> (If rural, give location)			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>Merle</u>	c. (Last) <u>Harris</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 18 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 15, 1906</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edwin C. Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Flynn</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Alice Harris</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war and dates of service)	16. SOCIAL SECURITY NO. <u>348-09-6217</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Harris</u> ADDRESS <u>Springfield, Ill.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Walter Egermann M.D.</u> (Degree or title)	23b. ADDRESS <u>Warrenton Mo</u>	23c. DATE SIGNED <u>12.18.58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec 20 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>12-19-58</u>	REGISTRAR'S SIGNATURE <u>F.R. Schubert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hieburg & Witt Inc.</u> ADDRESS <u>Washington, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7 1958

FEB 17 1959

APR 28 1959

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 *Jerome F. Suoboda*

Licensed Embalmer No. *4507*

P. O. Address *Washington*

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.