

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046943

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 347 Primary Registration District No. 6162 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <i>Stone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Stone</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Auth</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>1040</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Kenneth</i> Middle <i>Warren</i> Last <i>Harris</i>			4. DATE OF DEATH Month <i>Dec</i> Day <i>3</i> Year <i>1958</i>				
5. SEX <i>m</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 22 1941</i>		9. AGE (In years last birthday) <i>17</i>	IF UNDER 1 YEAR Months <i>9</i> Days <i>11</i>	IF UNDER 24 HRS. Hours <i>11</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Stone Co.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	

13a. FATHER'S NAME <i>William J. Harris</i>		13b. MOTHER'S MAIDEN NAME <i>Dorothy Dunn</i>		14. NAME OF HUSBAND OR WIFE <i>Never married</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>X</i>		17. INFORMANT <i>William Harris Reed Springs Mo</i> Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gun shot wound to chest</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>accidental</i>			
DUE TO (c) <i>9199</i>			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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 <i>8</i> a.m. <i>Dec. 3-58</i> p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>104</i> <i>Reeds Springs, Stone, Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>8:45 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree of title) <i>Johnny Earl Stone Co 2</i>		22b. ADDRESS <i>Yuma Mo</i>	
22c. DATE SIGNED <i>11/25/58</i>					

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Dec 5: 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>McKendon Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Reeds Springs, Mo.</i>	
24. FUNERAL DIRECTOR <i>Earl J. Cheatham</i>		25. DATE RECD. BY LOCAL REG. <i>Dec. 16 - 1958</i>		26. REGISTRAR'S SIGNATURE <i>Ma J. E. ...</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Everett J. Cheatham* .....

Licensed Embalmer No. .... *3870* .....

P. O. Address .... *Halena, Md* .....

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.