

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004966
STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. _____ Registrar's No. 59-10

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lockwood
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. SE Lockwood		Length of stay in lb 19 mo.	d. STREET ADDRESS (If outside, give location) 1 mi. SE Lockwood
3. NAME OF DECEASED (Type or print) First Middle Last MILDA PEARL HARRIS			4. DATE OF DEATH Month Day Year Feb. 6, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 3, 1871
9. AGE (In years last birthday) 88		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Sigourney, Iowa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Andrew Stranahan	13b. MOTHER'S MAIDEN NAME Sullina Smith
14. NAME OF HUSBAND OR WIFE Albert Newton Harris		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. ---
17. INFORMANT Mrs. Lillian Hunt, Lockwood. Mo.		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) Cerebral Hemorrhage DUE TO (b) Essential Hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 36 hours 15 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331x	
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 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
21. I attended the deceased from <u>Jan 1936</u> to <u>Feb 6, 1959</u> and last saw her alive on <u>Feb. 5, 1959</u> Death occurred at <u>6:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Depend on title) Raymond A. Carlson		22b. ADDRESS No 403 Main St Golden City, Mo	22c. DATE SIGNED 2-8-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Lockwood Cemetery	23d. LOCATION (City, town, or county) (State) Lockwood, Mo.
24. FUNERAL DIRECTOR Phillips Funeral Home, Golden City Mo.		25. DATE RECD. BY LOCAL REG. 2-10-59	26. REGISTRAR'S SIGNATURE J. C. Canada

MEDICAL CERTIFICATION
Raymond A. Carlson, D.O. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *H. Lowell C. Pugh*

Licensed Embalmer No. *4951*

P. O. Address *Halden City, 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.