

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006165

STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 103

Primary Registration District No. 5593

Registrar's No. 22

300
-57

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jeff.		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus Mo. / Plattin		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Festus		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR 1 T. road		Length of stay in lb - - -	d. STREET ADDRESS (If outside, give location) RR 1 T. Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Woody Middle H. Last Harris			4. DATE OF DEATH Month 3 Day 4 Year 59		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/9/1885		9. AGE (In years birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Wendle Ser. Sta. Kentucky		11. BIRTHPLACE (City and state or country) 1	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Allen Harris		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE Edna 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 Edna Harris		Address RR 1. T. Road Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ 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	
19. INTERVAL BETWEEN ONSET AND DEATH 1 yr.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 WORK <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. 1958 to Mar. 4, 1959 and last saw him alive on Feb. 10, 1959 Death occurred at 9PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE George W. Stues M.D.		22b. ADDRESS 600 N. Union		22c. DATE SIGNED 3-5-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 3/7/59		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem	
23d. LOCATION (City, town, or county) St. Louis Co. Mo.		23e. (State) Mo.		24. FUNERAL DIRECTOR Schumacher 3013 Mermaec. ST. LOUIS	
25. DATE RECD. BY LOCAL REG. Mar. 7-1959		26. REGISTRAR'S SIGNATURE Marie Harris			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 11 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 *Jack Haupt*

Licensed Embalmer No. *4746*

P. O. Address *St. Paul*

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.