

XC 16289963

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007181

STATE FILE NUMBER

1919

ST. LOUIS

FILED MAR 10 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300

-57

34

X

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE INDIANA b. COUNTY VANDERBURGH	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN EVANSVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Length of stay in 1b 40 DAYS	d. STREET ADDRESS (If outside, give location) 410 E GUMM ST
3. NAME OF DECEASED (Type or print) First MIDDLE LAST BURNIS HARRIS		4. DATE OF DEATH Month Day Year FEB 23 1959	
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/3/05
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) KUTTAWA, KENTUCKY
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME LOUIS HARRIS	
13b. MOTHER'S MAIDEN NAME FLORENCE BROOKS		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> No, <input type="checkbox"/> (If yes, give <u>VA</u> dates of service)		16. SOCIAL SECURITY NO. 314325187	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS 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) CARCINOMA OF LUNG WITH WIDESPREAD METASTASES			INTERVAL BETWEEN ONSET AND DEATH 4 months
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)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. attended the deceased from <u>VA</u> <u>1/14/59</u> to <u>2/23/59</u> and last saw <u>him</u> alive on <u>2/23/59</u>		Death occurred at <u>1:23 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) ROBERT <u>Wade Granberry</u> M.D.		22b. ADDRESS VAH, ST LOUIS, MISSOURI	22c. DATE SIGNED 2/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2/25/59	23c. NAME OF CEMETERY OR CREMATORY LOCUST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) EVANSVILLE, INDIANA
24. FUNERAL DIRECTOR ADDRESS G. WADE GRANBERRY 4202 FINNEY AVE		25. DATE RECD. BY LOCAL REG. FEB 24 '59	26. REGISTRAR'S SIGNATURE <u>Earl Smith</u> M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Edward G. Flynn*

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

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.