Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007184
STATE FILE NUMBER

FEB 17 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 1313

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Madison — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Mary's Inf. — Length of stay in 1b 1 month	d. STREET ADDRESS (If outside, give location) 803 Webster — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First MATTIE	Middle V.	Last HARRIS	4. DATE OF DEATH Month Day Year Feb 4, 1959
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH July 21,1908	9. AGE (In years last birthday) 50 — 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) Maid	10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and state or country) Neshoba County,Miss	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ben Graham	13b. MOTHER'S MAIDEN NAME Liza Edwards	14. NAME OF HUSBAND OR WIFE James Harris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 428-54-6398	17. INFORMANT Address James Harris-803 Webster,Madison,Ill		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BLEEDING DUODENAL ULCER — INTERVAL BETWEEN ONSET AND DEATH 3 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) COMMON BILLARY DUCT OBSTRUCTION — 2½ MONTHS

DUE TO (c) WITH OBSTRUCTIVE JUANDICE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 586 X

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 JANUARY 5TH, to FEBRUARY 4TH and last saw her/him alive on 2/4/59
Death occurred at 3 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank E. Woodson [signature]	22b. ADDRESS 928 NORTH SECOND	22c. DATE SIGNED 2/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb 6,1959	23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Louisville, Miss.		
24. FUNERAL DIRECTOR ADDRESS Marshall Fun Home-E.St.Louis,Ill.	25. DATE RECD. BY LOCAL REG. FEB 6 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas M. Dobson

Licensed Embalmer No. 4479

P. O. Address East St. Louis,

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.