

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009001

STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 120 Primary Registration District No.

Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN McFall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN McFall 0.370 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb lifetime	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Floyd Middle Leland Last Harris			4. DATE OF DEATH Month April Day 2 Year 1959
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 March 10, 1920
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) North Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Ray Harris	
13b. MOTHER'S MAIDEN NAME Maudie Mae		14. NAME OF HUSBAND OR WIFE Lallah Harris	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Floyd Harris Address McFall, 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) Multiple third degree burns over body, arms & leg from cigarette igniting clothing in high wind DUE TO (b) 9165 DUE TO (c) 40 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 10 minutes
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 date of injury in PART I or PART II of item 18.) Cigarette lit cigarette on fire in which he was sleeping - got out into high wind			20c. TIME OF INJURY Hour 7:30 a.m. 4-2-59 Month, Day, Year
20d. INJURY OCCURRED WHILE AT <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, etc.) on street McFall Mo	20f. CITY, TOWN, OR LOCATION McFall COUNTY Gentry STATE MO
21. I attended the deceased from viewed body after death Death occurred at 7:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Zack A Barnes, D.O. Gentry, Mo		22b. ADDRESS King City, Mo	22c. DATE SIGNED 4-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Apr. 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Envart	23d. LOCATION (City, town, or county) (State) Gentry Co., Missouri
24. FUNERAL DIRECTOR Clifford Brooks ADDRESS Albany, Mo.		25. DATE RECD. BY LOCAL REG. 4-6-59	26. REGISTRAR'S SIGNATURE Mr. A. W. Bare

Zack A. Barnes USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare Public Service 300 1-57

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

Student
Signature of Student Embalmer

Signed *Donald E. Coshelf*.....

Licensed Embalmer No.4868.....

P. O. Address *Albany, 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.