

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH59-009173  
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 137 Primary Registration District No. 3523 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>mo</b> b. COUNTY <b>HENRY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLinton</b>		c. CITY OR TOWN <b>LEESVILLE TWP</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CLinton GENL</b>		d. STREET ADDRESS (If outside, give location) <b>Rt #2 CLinton</b>	
3. NAME OF DECEASED (Type or print) First <b>BESSIE</b> Middle <b>W</b> Last <b>HARRIS</b>		4. DATE OF DEATH Month <b>4</b> Day <b>10</b> Year <b>1959</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-10-1894</b>
9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>HENRY Co mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>GEORGE WILSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY RITCHIE</b>	
14. NAME OF HUSBAND OR WIFE <b>W.A. HARRIS</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Edna Edwards</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Peritonitis</b> DUE TO (b) <b>Perforation of Gall bladder</b> DUE TO (c) <b>Chronic Myocarditis</b> 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 <b>12 hrs</b> <b>20 hrs</b> <b>2</b>	
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 a.m. p.m. Month, Day, Year		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 <b>1945</b> to <b>April 10-59</b> and last saw her alive on <b>April 10-59</b> Death occurred at <b>5:40 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>S-B. Hughes, M.D.</b>	
22b. ADDRESS <b>Clinton mo</b>		22c. DATE SIGNED <b>4-10-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/12/1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Shady Grove</b>		23d. LOCATION (City, town, or county) (State) <b>HENRY Co mo</b>	
24. FUNERAL DIRECTOR <b>Consuela</b>		25. DATE RECD. BY LOCAL REG. <b>4-10-59</b>	
26. REGISTRAR'S SIGNATURE <b>Mildred Begum</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 15 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 J. E. Conner

Licensed Embalmer No. 1891

P. O. Address. Clinton

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.