

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013746

STATE FILE NUMBER

FILED MAY 13 1959

Registration District No. 15-6 Primary Registration District No. 2001 Registrar's No. 231

300  
-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Webb City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 312 Meridian		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 3 wks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Viola Lorene Harris			4. DATE OF DEATH Month Day Year April 25, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-17-15	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse	10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (City and state or country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Vailes	13b. MOTHER'S MAIDEN NAME Mary Margaret Gunnles	14. NAME OF HUSBAND OR WIFE Albert Harris
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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 Albert Harris	Address Webb City Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Post traumatic epilepsy</u>		INTERVAL BETWEEN ONSET AND DEATH <u> began approx</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Supra section.</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>This person found dead in home slumped in corner</u>		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.)
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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 122	COUNTY	STATE
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21. I attended the deceased from Death occurred at	<u>did not attend</u>	and last saw her alive on	
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22a. SIGNATURE <u>Wendell H. Brown</u>	(Degree or title) County Med Arts Bd. Secy	22b. ADDRESS	22c. DATE SIGNED 4/30/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 28, 1959	23c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	23d. LOCATION (City, town, or county) (State) Carterville Missouri
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24. FUNERAL DIRECTOR Hedge Lewis Funeral Home Webb City, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-6-1959	26. REGISTRAR'S SIGNATURE <u>Dore Merriam</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 1 1958

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 *Richard Gray Law* .....

Licensed Embalmer No. *4403* .....

P. O. Address *Walt City, 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.