Health, & Welfare Public Service

SL 19290 Sq

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015075
STATE FILE NUMBER

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 2815

MAY 1 1959

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY RANDOLPH

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) 915 N GRAND ST LOUIS MO — Inside Limits Yes [X] No [ ]

c. CITY OR TOWN ELLISGROVE — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETS ADMIN HOSPITAL — Length of stay in 1b 14 DAYS

d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First ODIS Middle Last HARRIS

4. DATE OF DEATH Month MARCH Day 18 Year 1959

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 10/27/94

9. AGE (In years last birthday) 64 — 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) LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ELLISGROVE, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CHARLES HARRIS

13b. MOTHER'S MAIDEN NAME JOSEPHINE GETZ

14. NAME OF HUSBAND OR WIFE GRACE HARRIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 357017307

17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO

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) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH 24 HOURS

Conditions, if any, which gave rise to above cause, stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS

DUE TO (c) FRACTURE OF LEFT FEMUR SUB-TROCHANTERIC

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

E904.0 21

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

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

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

20c. TIME OF INJURY Hour a.m. p.m. ? Month, Day, Year 3-4-59

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.) Home

20f. CITY, TOWN, OR LOCATION Ellisgrove COUNTY STATE Illinois

21. I attended the deceased from 3/4/59, to 3/18/59 and last saw him alive on 3/18/59

Death occurred at 7:35 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE JEWELL OSTERHOLM (Degree or title) M.D.

22b. ADDRESS VAH, ST LOUIS

22c. DATE SIGNED 3/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 3-21-59

23c. NAME OF CEMETERY OR CREMATORY Ellis Grove Cemetery

23d. LOCATION (City, town, or county) (State) Ellis Grove, Illinois

24. FUNERAL DIRECTOR Matthews F. Home ADDRESS Evansville, Ill.

25. DATE RECD. BY LOCAL REG. MAR 19 '59

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

(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.

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 Clarence M. Bello

Licensed Embalmer No. 4375

P. O. Address St. Louis 23 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.