Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015406

STATE FILE NUMBER 2 4362

FILED MAY 14 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Christian Hosp — Length of stay in 1b 1 Day	d. STREET ADDRESS (If outside, give location) 716a Baden Ave — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Elvis Middle Harris Last May		4. DATE OF DEATH Month Day Year May 2,1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Dec.3,1897
9. AGE (In years last birthday) 61	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) Guard	10b. KIND OF BUSINESS OR INDUSTRY Pinkerton, Agency	11. BIRTHPLACE (City and state or country) Humphreys Co, Tenn	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John C. May	13b. MOTHER'S MAIDEN NAME Lizzie Gunn	14. NAME OF HUSBAND OR WIFE Lula Belle May	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 414-22-6402	17. INFORMANT Mr J.E.Taylor Address 10014 Monarch Drive	

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) Cardiac Failure

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

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Poly cythemia 434.2

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Jan 1958, to May 2 1959 and last saw ~~her~~ him alive on 5-2-59

Death occurred at 12:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. E. Morris M.D.	22b. ADDRESS 4110 W Florissant Ave	22c. DATE SIGNED 5-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 2,1959	23c. NAME OF CEMETERY OR CREMATORY McEwen Cemetery
23d. LOCATION (City, town, or county) (State) McEwen, Tennessee		
24. FUNERAL DIRECTOR ADDRESS Luff-Bowen F.H. Waverly, Tenn	25. DATE RECD. BY LOCAL REG. MAY 4 '59	26. REGISTRAR'S SIGNATURE Carl 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.

Dr.Harvey Morris
433 Powell
Ferguson,Mo
Ja.4-1515

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 Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.