

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018855

STATE FILE NUMBER

DECEASED MAY 19 1959 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 195

300  
-57

1. PLACE OF DEATH a. COUNTY <b>St. Francois County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Desloge Bonne Terre</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Desloge</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>		Length of stay in 1b <b>0</b>	d. STREET ADDRESS (If outside, give location) <b>591 Locust Street</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Billy</b> Middle <b>Gene</b> Last <b>Harris</b>			4. DATE OF DEATH Month <b>May</b> Day <b>14</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 27, 1927</b>
9. AGE (In years last birthday) <b>31</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plastering contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Plastering</b>	11. BIRTHPLACE (City and state or country) <b>Cantrwell, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Laurel Bryan Harris</b>	
13b. MOTHER'S MAIDEN NAME <b>Lola Ruth Forshee</b>		14. NAME OF HUSBAND OR WIFE <b>Madge Elhora Hood Harris</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>yes 1946-1948</b>		16. SOCIAL SECURITY NO. <b>493-26-5461</b> 17. INFORMANT <b>wife, Madge Elhora Harris; Desloge, Mo.</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>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Fractured skull.</b> DUE TO (c) <b>9026</b> <b>6</b>			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) <b>Contusion brain. Ruptured spleen. Ruptured Rt Cerebral artery.</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>Fell from scissor while working as plasterer</b>	
20c. TIME OF INJURY Hour <b>0</b> a.m. <b>0</b> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Methodist Church Desloge</b>	
20e. CITY, TOWN, OR LOCATION <b>Desloge</b>		20f. COUNTY <b>St. Francois</b>	
20g. STATE <b>MO</b>		20h. CITY, TOWN, OR LOCATION <b>Desloge</b>	
21. I attended the deceased from <b>May 13, '59</b> to <b>May 14, '59</b> and last saw him alive on <b>May 14, '59</b> Death occurred at <b>210 S 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>C H Applegate MD</b>	
22b. ADDRESS <b>River Mines Mo</b>		22c. DATE SIGNED <b>5-14-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>May 17, 1959</b>		23b. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memorial</b>	
23c. LOCATION (City, town, or county) (State) <b>Highway 67 - St. Francois; Mo.</b>		23d. DATE RECD. BY LOCAL REG. <b>May 15, 1959</b>	
24. FUNERAL DIRECTOR <b>Alvin W. Hood; Flat River, Mo.</b>		25. REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 8 0 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 *Alvin W Hood* .....

Licensed Embalmer No. *2780* .....

P. O. Address *Alab. Hwy* .....

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.