

FILED VS AUG 5 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-026725

STATE FILE NUMBER 2 6940

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)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Washington</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Cabell Hosp.</i>		d. STREET ADDRESS (If none, give location) <i>707 W. Third St.</i>	
3. NAME OF DECEASED (Type or print) First <i>Kevin</i> Middle <i>Phillip</i> Last <i>HARRIS</i>		4. DATE OF DEATH Month <i>July</i> Day <i>27</i> Year <i>1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>May 9, 1959</i>
9. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Washington, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Gale Harris</i>		14. MOTHER'S MAIDEN NAME <i>Janet Permueller</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Janet Harris</i> Address <i>707 W. Third St., Washington, Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per type for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia due to</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>aspiration due to cleft palate</i> DUE TO (c) <i>due to myasthenia gravis.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>Birth</i> <i>Birth</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>755X</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
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 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	COUNTY STATE
21. I attended the deceased from <i>June 26-59</i> to <i>July 27</i> and last saw him alive on <i>July 15, 59</i> Death occurred at <i>7:20</i> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. C. Gust M.D.</i>		22b. ADDRESS <i>8700 Revereview</i>	22c. DATE SIGNED <i>7/27</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>July 28, 1959</i>	<i>Lutheran Cemetery</i>	<i>Washington, Missouri</i>
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
<i>Heberg &amp; Co., Inc. Washington, Mo.</i>	<i>JUL 27 59</i>	<i>Loan Smith, M.D.</i>	
(Licensed Embalmer's Statement on Reverse Side)			

1. Health, & Welfare  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certificate in the specimen manner required by 1953-1940-10-13-1949.

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..... Lester H. Witt

Licensed Embalmer No. 325

P. O. Address Washington,

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.