

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028011

FILED VS AUG 28 1959

Registration District No. 002 Primary Registration District No. 3019 Registrar's No. 47

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ANDREW		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DAVIES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCHESTER TOWNSHIP		Length of stay in 1b " 26 days	c. CITY OR TOWN JAMESON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shady Lawn		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JAMES W. HARRIS			4. DATE OF DEATH Month Day Year August 16, 1959		
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5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/1/85	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Harris	13b. MOTHER'S MAIDEN NAME Elvira Weibernna	14. NAME OF HUSBAND OR WIFE UNKNOWN
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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) unknown	16. SOCIAL SECURITY NO. 487-83-6519	17. INFORMANT Address Mrs. Vern Berens, Jameson, Mo.
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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) Cerebrovascular		INTERVAL BETWEEN ONSET AND DEATH 5 min
DUE TO (b) Accident		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Generalize arteriosclerosis 10 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 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
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21. I attended the deceased from 7-10-59 to 8-16-59 and last saw her alive on 8-14-59 Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Warren C Baker M.D	Degree or title	22b. ADDRESS Savannah, Mo.	22c. DATE SIGNED 8-18-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8/16/59	23c. NAME OF CEMETERY OR CREMATORY HOPE	23d. LOCATION (City, town, or county) (State) GALLITAN Mo.
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24. FUNERAL DIRECTOR Breit Funeral Home, Savannah	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-22-59	26. REGISTRAR'S SIGNATURE Lillian Sparks
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 1 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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.