

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038851

STATE FILE NUMBER

FILED VS NOV 17 1959

15

Primary Registration District No.

3004

Registrar's No.

83

RECEIVED

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in lb 3 days		c. CITY OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton County Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 112 1/2 West 10th St.	
3. NAME OF DECEASED (Type or print) First ELLIOTT Middle MELROY Last HARRIS				4. DATE OF DEATH Month Nov. Day 12, Year 1959			
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 22, 1874	
				9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days	
						IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker, Retired				10b. KIND OF BUSINESS OR INDUSTRY Cemetery		11. BIRTHPLACE (City and state or country) Dayton, Ohio	
						12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Garland Harris				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Elizabeth Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 499-24-2743		17. INFORMANT Address Mrs. E. M. Harris, Lamar, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-Vascular accident DUE TO (b) arterial hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH Nov. 9, 59
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.)			
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 May 2, 1959 to Nov. 12, 59 and last saw him alive on Nov. 12, '59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Wm T. Buchal, M.D. (Degree or title)				22b. ADDRESS Lamar, Missouri		22c. DATE SIGNED 11/14/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 15, 1959		23c. NAME OF CEMETERY OR CREMATORY Laka Cemetery		23d. LOCATION (City, town, or county) (State) Lamar, Missouri	
24. FUNERAL DIRECTOR ADDRESS Chiles Funeral Home, Lamar, Mo.				25. DATE RECD. BY LOCAL REG. NOV 14 59		26. REGISTRAR'S SIGNATURE Masie Kenantz	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 6 T AON SA

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 W. Chile

Licensed Embalmer No. 3473

P. O. Address Lenox 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.