

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039296

FILED VS NOV 3 0 1959

STATE FILE NUMBER

Registration District No. 62 Primary Registration District No. 5240 Registrar's No. 32

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Cedar</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Twp.</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		c. CITY OR TOWN <u>Stockton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 Miles North</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>5 Miles North</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>MARY</u>		Middle <u>EDITH</u>		Last <u>HARRIS</u>		Month <u>Nov.</u> Day <u>17,</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/1/1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Stockton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Will Caldwell</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Griffith</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. Harris</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mr. Chas. Harris, Stockton, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		<u>Cardio-vascular arteriosclerotic disease</u>				<u>4 months</u>	
DUE TO (b)		<u>Cardiac decompensation? Coronary occlusion minute</u>					
DUE TO (c)							
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.	
<u>Fractured left hip 9.22.59</u>						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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.)					
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		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 <u>8.15.58</u> to <u>11.19.59</u> and last saw her alive on <u>10.30.59</u> Death occurred at <u>her home Stockton Mo. 5 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Wm. P. Richter M.D.</u>				22b. ADDRESS <u>Stockton Mo.</u>		22c. DATE SIGNED <u>11-19-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/19/ 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hackleman Cemetery</u>		23d. LOCATION (City, town, or county) <u>Cedar County, Mo.</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>Cantlon Fun. Home, Stockton, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-21-59</u>	26. REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, Ca

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.