

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002845

FILED VS FEB 2, 1960 275

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 22

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Phelps | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Rural, Arlington | | Length of stay in 1b 1 week | c. CITY OR TOWN Rural, Spring Creek Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Old Highway 66 | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (if outside, give location) 1 mi. E. of Edgar Spg. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last MARY JANE HARRIS | | | 4. DATE OF DEATH Month Day Year January 28, 1960 | | |
| 5. SEX Female | 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 8/5/68 | 9. AGE (last birthday) 91 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Dent County, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Albert Longgear | | 13b. MOTHER'S MAIDEN NAME Susan Miller | | 14. NAME OF HUSBAND OR WIFE William, dec. | |
| 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. None | 17. INFORMANT Address Charles Harris Rt. 2 Rolla 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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | congestive heart failure | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | arteriosclerotic heart disease | |
| DUE TO (b) | | |
| DUE TO (c) | | |

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| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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 Month, Day, Year a.m. p.m. | 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 **1-28-1960** to _____ and last saw her ^{him} alive on **1-28-60**
Death occurred at **11:20 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Roy J. Doty M.D. (Degree or title) | 22b. ADDRESS Rolla Missouri | 22c. DATE SIGNED 1-30-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Jan. 31, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Renaud Cemetery | 23d. LOCATION (City, town, or county) (State) Phelps County, Missouri |
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| 24. FUNERAL DIRECTOR Null & Sons Funeral Home By Paul E. Null Rolla | 25. DATE RECD. BY LOCAL REG. Jan. 30, 1960 | 26. REGISTRAR'S SIGNATURE Nadene L. Stoll |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 5

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul E. New

Licensed Embalmer No. 449

P. O. Address Rolla,

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.