

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS MAY 9 1960

-60-014161

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 5101 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Alexander Township</u>		Length of stay in lb <u>life</u>	c. CITY OR TOWN <u>FAIRFIELD</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4 1/2 west.</u>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>WADE</u> Middle <u>HAMMILTON</u> Last <u>HARRIS</u>			4. DATE OF DEATH Month <u>May</u> Day <u>2</u> Year <u>1960</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 13, 1886</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>6</u> Days _____ Hours _____ Min. _____	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) <u>farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer.</u>	11. BIRTHPLACE (City and state or country) <u>Bentonville, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thomas B. Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy E. Sweeney</u>	14. NAME OF HUSBAND OR WIFE <u>Never married</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT <u>John Harris</u>	Address <u>Fairfield, Mo</u>
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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) <u>CORONARY OCCLUSION</u>			<u>5 MIN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CORONARY THROMBOSIS</u>		<u>5 MIN</u>
	DUE TO (c) <u>ARTERIOSCLEROSIS</u>		<u>5 YRS</u>
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 checked="" 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.)
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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 DEAD ON ARRIVAL and last saw ^{her}/_{him} alive on DEAD ON ARRIVAL
Death occurred at 5:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Guss Saller DO</u> (Degree or title)	22b. ADDRESS <u>WARSAW, MO.</u>	22c. DATE SIGNED <u>5/3/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 4, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bentonville Benton Co. Mo</u>
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24. FUNERAL DIRECTOR <u>John F. Reese</u> ADDRESS <u>Warsaw</u>	25. DATE RECD. BY LOCAL REG. <u>May-4-1960</u>	26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>
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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 F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.