

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014859

FILED VS MAY 9 1960

128 Primary Registration District No. 2000 Registrar's No. 511

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Missouri b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Length of stay in 1b 3 1/2 hrs.	c. CITY OR TOWN Mt. Grove Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Burge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD #4 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Foster C. Harris			4. DATE OF DEATH Month Day Year MAY 1, 1960			
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-30-1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME FRANK HARRIS		13b. MOTHER'S MAIDEN NAME Hattie Staggs		14. NAME OF HUSBAND WIFE Olive Harris		
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. ?		17. INFORMANT Address Olive Harris Mt. Grove, Mo.		

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 5 hours
IMMEDIATE CAUSE (a) Heart failure			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute stenosis		
DUE TO (c) Arteriosclerosis		Unknown	
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.)	
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 Springfield	COUNTY Greene Mo.	STATE
21. I attended the deceased from May 1 to May 1 and last saw him alive on May 1 Death occurred at 10:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS 609 Cherry St. Spfld Mo	22c. DATE SIGNED May 2 1960
23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5-2-60	23c. NAME OF CEMETERY OR CREMATORY UNKNOWN	23d. LOCATION (City, town, or county) (State) Cabool, Missouri

24. FUNERAL DIRECTOR Jim Gentry	ADDRESS Cabool, Mo.	25. DATE REC'D. BY LOCAL REG. 5-2-60	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Bill M. Abbott Student Embalmer No. PERMIT 3

working under my personal supervision.

Student

Bill M. Abbott
Signature of Student Embalmer

Signed

Gene C. Hunt

Licensed Embalmer No. 473A

P. O. Address Sold, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.