

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016387

STATE FILE NUMBER

FILED VS. MAY 11 1960

275

Primary Registration District No. 5942 5943 87

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1. PLACE OF DEATH a. COUNTY Phelps <i>Creek</i>			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 Edgar Springs		Length of stay in 1b 11 years	c. CITY OR TOWN Edgar Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 63			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Highway 63	
3. NAME OF DECEASED (Type or print) First ANDREW Middle ANDERSON Last HARRIS			4. DATE OF DEATH Month May Day 2 Year 1960		
5. SEX Male	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 11/11/75	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Edgar Springs, Mo.	12. CITIZEN OF WHAT COUNTRY U.B.A.	
13a. FATHER'S NAME Hiram Harris		13b. MOTHER'S MAIDEN NAME Amanda Lloyd		14. NAME OF HUSBAND OR WIFE Sarah Frances (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 Mrs. Henry Herberger Vida, 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) Cardiac + pulmonary arrest					INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Occlusion					
DUE TO (c) Hypertensive + coronary heart disease					
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 _____ and last saw her/him alive on _____. Death occurred at 3:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B. J. Myers DO (Deputy title)			22b. ADDRESS Licking, Mo		22c. DATE SIGNED 5-3-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 5, 1960	23c. NAME OF CEMETERY OR CREMATORY Miller Cemetery	23d. LOCATION (City, town, or county) Phelps County, Missouri		
24. FUNERAL DIRECTOR Null & Son Funeral Home By Paul E. Null	ADDRESS Rolla	25. DATE RECD. BY LOCAL REG. May 3, 1960	26. REGISTRAR'S SIGNATURE Nedone L. Stoll		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Date Filed

5-10-60

MAY 11 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 _____, 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.