MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED AUG 1 1960

60-025680
STATE FILE NUMBER

Registration District No. 002 Primary Registration District No. 5019 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 4 Miles East of Savannah Missouri on Route E
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4 Miles East of Savannah Missouri on Route E
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Andrew
c. CITY OR TOWN: Savannah Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. R. # 4 Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Cody Last: Harris

4. DATE OF DEATH: Month: July Day: 6 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Feb. 7, 1883

9. AGE (last birthday): 77

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (City and state or country): Near Farmland, Ind.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Benjamin Franklin Harris

13b. MOTHER'S MAIDEN NAME: Anna Addington

14. NAME OF HUSBAND OR WIFE: Adelia Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 494-40-8566

17. INFORMANT: Mrs Lucelle McDonald Address: St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary ~~thrombosis~~ occlusion — 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 thrombosis — "
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw ~~the~~ him alive on _____
Death occurred at 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. Maxwell, D.O., Coroner

22b. ADDRESS: 307 W. Main Savannah Mo.

22c. DATE SIGNED: 7/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 9, 1960

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

24. FUNERAL DIRECTOR: Mueller-Filsmaier Inc. St. Joseph Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.: 7-19-60

26. REGISTRAR'S SIGNATURE: Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

AUG 1 1960
AUG 3 1960

AUG 3 0 1950

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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