JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60=029621

STATE FILE NUMBER

FILED VS AUG 29 1960

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 468

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DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b: 26 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Ellis Fischel State Cancer
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Gallaway
c. CITY OR TOWN: Fulton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Route #3
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Dorothy Middle: Harris Last:
4. DATE OF DEATH: Month: August Day: 22 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-22-14
9. AGE (last birthday): 45
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): Shoe factory
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Cole Co. Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Walter Harrison
13b. MOTHER'S MAIDEN NAME: Hazel Dixon Harrison
14. NAME OF HUSBAND OR WIFE: Charles Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 494-38-1884 (Unknown)
17. INFORMANT: Hospital Records – Columbia, Mo. Address:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Insufficiency (Aspiration of vomitus) — INTERVAL BETWEEN ONSET AND DEATH: 20 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ascites — 4 weeks ??
DUE TO (c): Metastatic Ca of Cervix — ??

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 8-18-60, to 8-22-60 and last saw her/him alive on 8-22-60
Death occurred at 8-22-60 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J B Shull (Degree or Title): M.D.
22b. ADDRESS: Ellis Fischel Hosp't
22c. DATE SIGNED: 8-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 25 1960
23c. NAME OF CEMETERY OR CREMATORY: Mount Carmel
23d. LOCATION (City, town, or county): Callaway Co (State): Mo

24. FUNERAL DIRECTOR: Maupin Funeral Home ADDRESS: Fulton, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 22 1960
26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Marshall C. Blackw

Signature of Student Embalmer

Licensed Embalmer No. 471

P. O. Address Fulton,

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