

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-012880

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 101

AMENDED FILED MAY 1 1961

1. PLACE OF DEATH a. COUNTY <u>CALHAWAY</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FULTON</u> Length of stay in 1b <u>Life</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CALHAWAY MEM. HOSP.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CALHAWAY</u> c. CITY OR TOWN <u>FULTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>824 NICHOLS</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>JARLIE</u> Middle <u>YATES</u> Last <u>HARRIS</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>28</u> Year <u>1961</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAU</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEP. 29, 1884</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Monthly <u>3</u> Days <u>28</u> Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>		11. BIRTHPLACE (City and state or country) <u>FULTON, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MARTIN YATES</u>			13b. MOTHER'S MAIDEN NAME <u>VIRGINIA HARRISON</u>		14. NAME OF HUSBAND OR WIFE <u>W. B. HARRIS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT Address <u>John YATES FULTON, MO.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral accident, emboli</u> DUE TO (b) <u>Diffuse hyperemia of brain</u> DUE TO (c) <u>Atherosclerotic Cardiovascular renal disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pernicious anemia</u>		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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Sept. 30, 1953</u> to <u>28 April 1961</u> and last saw her/him alive on <u>28 April 1961</u> Death occurred at <u>2:45 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>E. R. Grah</u> (Degree or title)					22b. ADDRESS <u>Fulton Mo</u>			22c. DATE SIGNED <u>29 April 61</u>	
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>BURIAL</u>		23b. DATE <u>APRIL 30, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>HICKCREST</u>			23d. LOCATION (City, town, or county) (State) <u>Fulton MO</u>		
24. FUNERAL DIRECTOR ADDRESS <u>MURKIN FUNERAL HOME FULTON, MO.</u>					25. DATE RECD. BY LOCAL REG. <u>APRIL 29, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

VS MAY 3 1961

DEC 5 1961

MAR 29 1962

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 *Gene C. Kampier*

Licensed Embalmer No. 5092

P. O. Address Fulton, Va

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.