SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER -61-016168

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 35

FILED MAY 10 1961

AMENDED

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Dexter — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 703 No. Elm — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: William Middle: Calvin Last: Harris
4. DATE OF DEATH Month: May Day: 5, Year: 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-8-1888
9. AGE (last birthday) 73
IF UNDER 1 YEAR Months 0 Days 27 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired City Collector
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Advance, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME William O. Harris
13b. MOTHER'S MAIDEN NAME Nancy Agnes Bollinger
14. NAME OF HUSBAND OR WIFE Sophia Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Sophia Harris, Dexter, 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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
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 Sept 1947, to May 5 1961 and last saw her/him alive on May 1 1961
Death occurred at 10:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L Waddle (Degree or title) M. D.
22b. ADDRESS Dexter, Missouri
22c. DATE SIGNED 5-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-7-61
23c. NAME OF CEMETERY OR CREMATORY Dexter
23d. LOCATION (City, town, or county) (State) Dexter, Missouri

24. FUNERAL DIRECTOR ADDRESS Rainey Funeral Home, Dexter, Mo.
25. DATE RECD. BY LOCAL REG. 5/6/61
26. REGISTRAR'S SIGNATURE Ulma D. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1961

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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Berne, In

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.