SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=020792
STATE FILE NUMBER

AMENDED

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 61-47

FILED JUN 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lockwood Mo
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Memorial Hospital
Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Fannie Middle: Price Last: Harris

4. DATE OF DEATH: Month: June Day: 7 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Dec 25 1862
9. AGE (last birthday): 98
IF UNDER 1 YEAR: Months: 5 Days: 12 IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: house work
11. BIRTHPLACE (City and state or country): Andrew Co Mo.
12. CITIZEN OF WHAT COUNTRY: usa

13a. FATHER'S NAME: Jessie J Hiatt
13b. MOTHER'S MAIDEN NAME: Ann Elkins
14. NAME OF HUSBAND OR WIFE: John 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.: none
17. INFORMANT: Doris Nieman Address: Lockwood 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): Cerebro-vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): generalized AS and ASHD
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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 1-4-61, to 6-7-61 and last saw her/him alive on 6-7-61
Death occurred at 4:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jerry L. Kinder, MD.
22b. ADDRESS: Lockwood, Mo
22c. DATE SIGNED: 6-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 9 1961
23c. NAME OF CEMETERY OR CREMATORY: Lockwood
23d. LOCATION (City, town, or county) (State): Lockwood Mo.

24. FUNERAL DIRECTOR: Allison Funeral Home
ADDRESS: Greenfield Mo.
25. DATE RECD. BY LOCAL REG.: 6-20-1961
26. REGISTRAR'S SIGNATURE: J. C. Canada

(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 by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W.R. Allison

Signature of Student Embalmer

Licensed Embalmer No. 4404

P. O. Address [illegible]

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.