

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

87 -61-032439
REGISTRAR'S NO. FILED OCT 3 1961

AMENDED

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 87 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY Gentry
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry Length of stay in lb 45 Yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 213 West 2nd Street Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Gentry
 c. CITY OR TOWN Stanberry Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 213 West 2nd Street Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last ANNA ELIZABETH HARRIS 4. DATE OF DEATH Month Day Year Sept. 27, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-9-1885 9. AGE (last birthday) 76 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Germany 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Kowalski 13b. MOTHER'S MAIDEN NAME Florentina (Name unknown) 14. NAME OF HUSBAND Troy Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. n/a 17. INFORMANT Miss's Nellie & Marie Wildberger Address Stanberry, Mo.

18. CAUSE OF DEATH (Enter only one cause by line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial Infarction
 DUE TO (b) Myocardite
 DUE TO (c) Hypertension
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
5 yrs
5 yrs.

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 Month, Day, Year a.m. p.m.

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 1950 to Sept. 27, 1961 and last saw her him alive on Sept. 27, 1961
 Death occurred at 12:30 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. J. Milligan DO 22b. ADDRESS Stanberry, Mo. 22c. DATE SIGNED 9-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Sept. 29, 1961 23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery 23d. LOCATION (City, town, or county) (State) Stanberry, Gentry Co., Mo.

24. GENERAL DIRECTOR'S ADDRESS JOHNSON FUNERAL HOMES, Stanberry, Mo. 25. DATE RECD. BY LOCAL REG. 9-28-61 26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

NOV 28 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 Ross Evan Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry,

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.