

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040601

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 190

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Dunklin	b. CITY (If outside corporate limits, give TOWNSHIP only) Kennett	a. STATE Mo.	b. COUNTY Dunklin
Length of stay in 1b 24 days		c. CITY OR TOWN Kennett	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Memorial		d. STREET ADDRESS Rural Route #1	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Cordie	Middle L.	Last Harris	Month Nov.	Day 30	Year 1961
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/6/1889	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 21 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Adamsville, Tenn.	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Simpson Harris	13b. MOTHER'S MAIDEN NAME Mary Jackson	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

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.	17. INFORMANT Bill Harris	Address Kennett, Mo.
---	-------------------------	-------------------------------------	--------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH minutes years years
IMMEDIATE CAUSE (a) Coronary Thrombosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerosis	
	DUE TO (c) Diabetes mellitus	

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. <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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 Oct 61 to 30 Nov 61 and last saw her/him alive on 30 Nov 61
Death occurred at approximately 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joe A. Zimmerman, M.D.	22b. ADDRESS Kennett Mo.	22c. DATE SIGNED 4 Dec 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/2/1961	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge
		23d. LOCATION (City, town, or county) (State) Kennett Missouri

24. FUNERAL DIRECTOR McDaniel Funeral Ser. Kennett, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-7-1961	26. REGISTRAR'S SIGNATURE Earl Hubbard
---	---------	--	--

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 Thomas L. Roberts

Licensed Embalmer No. 4886

P. O. Address Kennett, Mo

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.