

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=61-047665**

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. \_\_\_\_\_ Registrar's No. 9

AMENDED

**FILED FEB 6 1962**

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>BOLLINGER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MARBLE HILL</b>		Length of stay in lb <b>14 months</b>	c. CITY OR TOWN <b>MARBLE HILL</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At family home</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>OPAL</b> Middle <b>B.</b> Last <b>HARRIS</b>			4. DATE OF DEATH Month <b>12</b> Day <b>29</b> Year <b>61</b>
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-25-1908</b>
9. AGE (last birthday) <b>53</b>	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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and state or country) <b>Hornbeak, Tennessee</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>WM RAINWATER</b>	13b. MOTHER'S MAIDEN NAME <b>ADDIE BIRD MORGAN</b>
14. NAME OF HUSBAND OR WIFE <b>ERNEST HARRIS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>****</b>	16. SOCIAL SECURITY NO. _____
17. INFORMANT Address <b>ERNEST HARRIS, MARBLE HILL, MO.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>METASTATIC CARCINOMATOSIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH <b>8 mos</b>	
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 _____ a.m. _____ p.m. Month, Day, Year _____	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 <b>10-3-61</b> to <b>12-27-61</b> and last saw her alive on <b>12-27-61</b> . Death occurred at <b>12-29-61</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James G. Middleton M.D.</i>		22b. ADDRESS <b>LUTESVILLE, MO.</b>	22c. DATE SIGNED <b>1-13-62</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Dec. 31-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Portageville cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Portageville, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>CHILES UND. CO., BLOOMFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>1-31-62</b>	26. REGISTRAR'S SIGNATURE <i>Mrs. Buford Crader</i>

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

58511708

CL

X

MAIN BUREAU

ADDRESS 41

DATE 1951

STATE OF MO.

PP 100-25-1

AZU

ADDRESS, BUREAU

ADDRESS

STATE OF MO.

ADDRESS, BUREAU

ADDRESS

STATE OF MO., BUREAU

4119

**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 Lulu Cooper # 3499, Student Embalmer No. XXXXXXXXXX

~~WORKING UNDER SUPERVISION~~

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Juan E. Cooper

Licensed Embalmer No. 4119

P. O. Address BLOOMFIELD, 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.