MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018353
STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 22

FILED JUN 12 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

6210
20210
3
4 1
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7 0
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9 331X
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12 90-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Salisbury — Length of stay in 1b: 12-Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 410 - S.Weber St. — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Chariton
c. CITY OR TOWN: Salisbury — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 410- S.Weber St. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Dora — Middle Kate — Last Harris
4. DATE OF DEATH: Month June — Day 8th — Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 5-27-1884
9. AGE (last birthday): 78 — 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: Housewife
11. BIRTHPLACE (City and state or country): Chariton County
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Albert Smith
13b. MOTHER'S MAIDEN NAME: Dixie Coy
14. NAME OF HUSBAND OR WIFE: Albert 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: Mrs.Lilie Kistler, Address: Keytesville, M

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): Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebrovascular Hemorrhage — 5 days
DUE TO (c): Hypertension — Seven years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 12-28-60, to 6-8-62 and last saw her alive on 6-8-62
Death occurred at 7 30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George D Quinn DO
22b. ADDRESS: Salisbury Mo
22c. DATE SIGNED: 6-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-10-1962
23c. NAME OF CEMETERY OR CREMATORY: Asbury Cemetery
23d. LOCATION (City, town, or county) (State): Chariton County, Mo.

24. FUNERAL DIRECTOR: H.D. Garrett — ADDRESS: Keytesville, Mo.
25. DATE RECD. BY LOCAL REG.: 6-9-62
26. REGISTRAR'S SIGNATURE: Donald Berry per Oliver Spence

(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 _____

Signature of Student Embalmer

Licensed Embalmer No. 2046

P. O. Address Keytesville 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.