

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019756

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. 5891 Registrar's No. 729

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUN 11 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bridges Twp</u>		Length of stay in 1b <u>      </u>	c. CITY OR TOWN <u>Tecumseh</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Amb. 3 mi. E. 160</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8 mi. E. of Gainesville</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Vernie Leonard Harris</u>		4. DATE OF DEATH Month Day Year <u>June 4-1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-25-1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Bus Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Bus Driver</u>	11. BIRTHPLACE (City and state or country) <u>Tecumseh Mo.</u>
13a. FATHER'S NAME <u>Joseph Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Prudence Thurston</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Harris</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT Address <u>Mrs. Gladys Harris Tecumseh</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>One hour</u>
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 - 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, <u>June 4, 1962</u>	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 <u>June 4, 1962</u> to <u>June 4, 1962</u> and last saw him alive on <u>June 4, 1962</u> Death occurred at <u>10:00</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. J. Hoernow MD</u>		22b. ADDRESS <u>Gainesville, Mo</u>	22c. DATE SIGNED <u>6-7-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-6-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clear Springs</u>	23d. LOCATION (City, town, or county) (State) <u>Ozark Co. Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Chinking Beard Gainesville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6/7/62</u>	26. REGISTRAR'S SIGNATURE <u>Lou Anna Wade</u>

**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 John R. Urney

Licensed Embalmer No. 4885

P. O. Address Cameronville 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.

Permit obtained 6/22