

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024254

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 69

STATE FILE NUMBER

FILED JUN 19 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Ray</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Richmond</b>   |   | Length of stay in 1b<br><b>20 yrs.</b>  | c. CITY OR TOWN <b>Richmond</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>720 E. Main St.</b>  |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>720 Main St.</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>SAMUEL EDGAR HARRIS</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>June 11, 1962</b>   |  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12/16/1878</b>  | 9. AGE (last birthday)<br><b>83</b>  | IF UNDER 1 YEAR<br>Months Days<br><b>          </b>                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer, retired</b>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>General farming</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Ray County, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Issac Harris</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary (unknown)</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Ida Mae Kelley Harris</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>[Redacted]</b>  | 17. INFORMANT<br>Address<br><b>Mrs. Ida Harris, Richmond, Mo.</b>  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>   |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Seizure</b>  |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br><b>          </b>   | 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>1954</b> to <b>death</b> and last saw <sup>her</sup> him alive on <b>6-7-62</b><br>Death occurred at <b>9:30 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |  |  |
| 22a. SIGNATURE<br><i>[Signature]</i> (Degree or title)   |   |   | 22b. ADDRESS<br><b>Richmond</b>  |  | 22c. DATE SIGNED<br><b>6-12-62</b>   |
| 23a. BURIAL, CREMATION OR REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>June 13, 1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Richmond Memory Gardens</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Richmond, Mo.</b>  |  |  |
| 24. FUNERAL DIRECTOR<br><b>Thurman Funeral Home, Richmond, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>6-13-1962</b>  | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |  |  |

USE BLACK INK OR TYPEWRITER RIBBON

**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,

~~0-2-52~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed *Levan Thurman* \_\_\_\_\_

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.