

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0006064

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 5480 Registrar's No. 399

DO NOT WRITE ON THIS STUB

AMENDED

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

<p>1. PLACE OF DEATH a. COUNTY <u>Grundy</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton (Route 2)</u> Length of stay in 1b <u>9 months</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Plainview Nursing home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u></p> <p>c. CITY OR TOWN <u>Trenton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>Route 3</u> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>					
<p>3. NAME OF DECEASED First Middle Last <u>ORA V HARRIS</u></p>		<p>4. DATE OF DEATH Month Day Year <u>Feb 9 1964</u></p>					
<p>5. SEX <u>F</u></p>	<p>6. COLOR OR RACE <u>W</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>7/2/1887</u></p>	<p>9. AGE (last birthday) <u>76</u></p>	<p>IF UNDER 1 YEAR Months Days</p>	<p>IF UNDER 24 HR Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home maker</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Enid, Oklahoma</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>George Grantham</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Elizabeth Osborn</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>deceased</u></p>			
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT Address <u>Ephraim P. Pierce R3 Trenton, Mo.</u></p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>2 years generalised grandyis, Hypertensive pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u></p> <p style="text-align: center;">DUE TO (b) <u>Cerebral vascular accident</u> <u>2 years ago</u></p> <p style="text-align: center;">DUE TO (c) <u>Advanced atherosclerosis</u> <u>Hypertension</u> <u>8-10 years</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>							
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>					<p>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</p>		
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>October 63</u> to <u>Feb 9 64</u> and last saw her/him alive on <u>Feb 9 1964</u> Death occurred at <u>10 pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p>22a. SIGNATURE (Degree or title) <u>A. W. Eitel M.D.</u></p>				<p>22b. ADDRESS <u>Salt Mission</u></p>		<p>22c. DATE SIGNED <u>2-13-64</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u></p>		<p>23b. DATE <u>2/10/1964</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Brooks Funeral Home</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Albany, Mo</u></p>		
<p>24. FUNERAL DIRECTOR ADDRESS <u>J. Gordon Blackmore Trenton, Mo.</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>2-10-64</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Jane Jari</u></p>		

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Eitel

