

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30197

State File No.

0420
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BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4214</u>		Registrar's No. <u>28</u>		
1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater Mo</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater</u> d. STREET ADDRESS _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Opal</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Harris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 - 50</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 30 - 1913</u>		
9. AGE (In years last birthday) <u>36</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>20</u>		11. UNDER 24 HRS. Hours <u>0</u> Min. _____		9. AGE (In years last birthday) _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wm Thomas Bailey</u>			13b. MOTHER'S MAIDEN NAME <u>Alma Connor</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Harris</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>491-22-3214</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Harris</u> ADDRESS <u>Deepwater, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of cervix uteri</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5 wks</u> <u>2 yrs</u> <u>171X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Oct 1948</u> , to <u>Sept 20, 1950</u> , that I last saw the deceased alive on <u>Sept 19, 1950</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. J. Powell</u> (Degree or title) <u>D.O.R.</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>9/22/50</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brownington Cemetery, Brownington Mo</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>Sept-22-1950</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		FUMERAL DIRECTOR'S SIGNATURE <u>Tom Hurst</u>		ADDRESS <u>Deepwater, Mo</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10/2/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10/2/50

NOV 2 1950

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 _____
Student Embalmer

Signed Tom Stust

Licensed Embalmer No. 2782

P. O. Address Deepwater 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 this body is not embalmed, fact should be so stated above.