

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33340**
Registrar's No. **8**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4215**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give town) Brownington		c. CITY (If outside corporate limits, write RURAL and give township) Brownington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2nd house So. of School		d. STREET ADDRESS (If rural, give location) 2nd house So. of School	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Thomas c. (Last) Harris		4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 6, 1876
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 10 Days 25	IF UNDER 2 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Green Ridge, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Harris	
13b. MOTHER'S MAIDEN NAME Mary Susan McClern		14. NAME OF HUSBAND OR WIFE Nora Alice Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Nora Alice Harris		ADDRESS Brownington, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) atherosclerosis	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
ii. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) no	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 6/24, 1948, to 10/31, 1950 , that I last saw the deceased alive on 10/26, 1950 , and that death occurred at 12:30P m. , from the causes and on the date stated above.	
23a. SIGNATURE J. C. Peeler M.D. (Degree or title)		23b. ADDRESS Clinton Mo.	
23c. DATE SIGNED 11/1/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Nov. 2, 1950		24c. NAME OF CEMETERY OR CREMATORY Brownington Cemetery	
24d. LOCATION (City, town, or county) (State) Brownington, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Florence Adams	
DATE RECEIVED BY LOCAL REG. Nov-2-1950		REGISTRAR'S SIGNATURE Florence Adams ADDRESS Clinton	

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

0420

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334X

RECEIVED 11-6-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-6-50

11-6-50

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 Fred E. Williams, Jr.

Licensed Embalmer No. 4510

P. O. Address Clinton, 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.