

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

944

State File No.

FILED JAN 16 1951

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4215 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brownington</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 nd. house S. of School</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brownington</u> <u>0 4215</u>	
f. STREET ADDRESS <u>2 nd. house S. of School</u>		g. (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora.</u> b. (Middle) <u>Alice</u> c. (Last) <u>Harris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 4 1890</u>
9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u>	11. IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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>Brownington, Henry Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph McVey</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Ross</u>		14. NAME OF HUSBAND OR WIFE <u>George Tomas Harris (DECEASED)</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Harry Parsley Brownington, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES <u>Gall bladder Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19. DATE OF OPERATION <u>None</u>		20. INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21f. HOW DID INJURY OCCUR? _____	
21g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>4/12 1948</u> , to <u>1-9 1951</u> , that I last saw the deceased alive on <u>1-8 1951</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ed. C. Peeler M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>1-10-51</u>		23d. (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 11-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Brownington Cemetery</u>		24d. LOCATION (City, town, or county) <u>Brownington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 11-1951</u>		REGISTRAR'S SIGNATURE <u>L. Lawrence Adair</u>	
FUNDING AGENCY'S SIGNATURE <u>Adair</u>		FUNDING AGENCY'S ADDRESS <u>Clinton Mo</u>	

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

RECEIVED 1-15-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-15-51

JAN 18 1951

FEB 10 1951

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 _____

Licensed Embalmer No. 4570

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.