

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26944

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <i>Henry</i>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clinton</i>		c. LENGTH OF STAY (In this place) <i>5 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Windsor, Mo</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Wetzel Hospital</i>			d. STREET ADDRESS (If rural, give location) <i>R 2 Calhoun</i>		

3. NAME OF DECEASED (Type or Print) a. (First) <i>KATE</i> b. (Middle) _____ c. (Last) <i>HARRIS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 2, 1954</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Newly married</i>	8. DATE OF BIRTH <i>Mar 19 1882</i>		9. AGE (In years last birthday) <i>72</i> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Henry County, Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>Wm B. Harris</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Taylor</i>		14. NAME OF HUSBAND OR WIFE	
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Helen Harris, R 2 Calhoun, Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shock; Caused by acute Pulmonary Embolism</i>			DUE TO (b) <i>Phlebotrombosis of right</i>			<i>Second</i>		
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) <i>lower extremity; cause embolism</i>			<i>months</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Mesenteric Infarction</i>								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>403 X</i>				20. AUTOPSY YES <input checked="" 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 1940 to 9-2, 1954 that I last saw the deceased alive on 9-2, 1954 and that death occurred at 2:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <i>Geo S. M. ...</i>		(Degree or title) <i>no.</i>		23b. ADDRESS <i>Clinton Mo.</i>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>9-4-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lansel Oak</i>		24d. LOCATION (City, town, or county) (State) <i>Windsor, Mo</i>	
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DATE REC'D BY LOCAL REG <i>Sept-4-54</i>		REGISTRAR'S SIGNATURE <i>Florence Adair</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Curnel Windsor, Mo.</i>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 5 1954

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.