

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37160**

FILED NOV 29 1954

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3022** Registrar's No. **74**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 211 E Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General			

3. NAME OF DECEASED (Type or Print) Bertande Lee Harris			4. DATE OF DEATH (Month) (Day) (Year) 11 25 1954		
a. (First)	b. (Middle)	c. (Last)	1. (Month)	2. (Day)	3. (Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 3 1892	9. AGE (In years last birthday) 62	10. MONTHS 9	11. DAYS 22	12. IF UNDER 18 Hours _____ Mins. _____
--------------------------------	---	---	--	--	----------------------------	---------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (City and State or Foreign Country) Cookes County		12. CITIZEN OF WHAT COUNTRY? USA	
--	--	--	--	---	--	---	--

13a. FATHER'S NAME Charles Brockway		13b. MOTHER'S MAIDEN NAME Robbie Wilson		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. 492-26-0230		17. INFORMANT'S NAME AND ADDRESS Cecil Brockway Clinton MS			
---	--	--	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) 1. Disease or condition directly leading to death* (a) <u>Carcinoma of the uterus</u>		INTERVAL BETWEEN ONSET AND DEATH 15 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION Dec 53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of the uterus		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
--	--	---	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 174 X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton, Mo.	
--	--	---	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		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 Sept 26, 1954, to Nov 25, 1954, that I last saw the deceased alive on Nov 24, 1954, and that death occurred at 4:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. B. Hughes M.D.		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 11/26/54	
---	--	--	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-26-1954		24c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery Calhoun		24d. LOCATION (City, town, or county) (State) Calhoun Mo	
---	--	---------------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. Nov-26-54		REGISTRAR'S SIGNATURE Florence Ledner		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Housey		ADDRESS Calhoun Mo	
---	--	--	--	--	--	-------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

APR 24 1955

APR 24 1955

APR 15 1955

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 J. A. Housey
Licensed Embalmer No. 3502
P. O. Address Calhoun Ave

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.