

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0041016

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 297

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 17 1966

VS 300
Rev. 4/59

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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, give TOWNSHIP only) Clinton			Length of stay in 1b 46 yrs		c. CITY OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 800 Augusta St	
3. NAME OF DECEASED (Type or print)		First Amelia Middle Louisa Last Harris		4. DATE OF DEATH Month Oct Day 7 Year 1966			
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 19. 1877	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months 89 Days	IF UNDER 24 HR Hours 89 Min.	
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 country) Henry County Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Scheer			13b. MOTHER'S MAIDEN NAME Caroline Mestacher		14. NAME OF HUSBAND OR WIFE John E. Harris		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		17. INFORMANT Address John E. Harris 800 Augusta St Clinton, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 48 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1960 to 10-7-66 and last saw him alive on 10-7-66 Death occurred at 7:15A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Hugh B Walker, MD				22b. ADDRESS Clinton, Mo		22c. DATE SIGNED 10-9-66	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/10/1966	23c. NAME OF CEMETERY OR CREMATORY Englewood cemetery		23d. LOCATION (City, town, or county) (State) Clinton Missouri		
24. FUNERAL DIRECTOR ADDRESS Sickman-Dunning F H Clinton, Mo				25. DATE RECD. BY LOCAL REG. Oct. 10, 1966		26. REGISTRAR'S SIGNATURE Mildred Bigum	

USE BLACK INK OR TYPEWRITER RIBBON

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STATE OF MISSISSIPPI

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 _____
Signature of Student Embalmer

Signed *Henry J. Anderson*

Licensed Embalmer No. 5342

P. O. Address Clwby 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit Obtained 10-10-66 (MRS)