

FILED MAY 20 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0021156

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

9. 2
10a. 82
10b.
11. 0
12. 1
13. 890X
14.
15. 4
16. 24
17. 119
18. 3
19. CREDITS
20.

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.6. 0648
DECEASED
PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 173

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. HILBERT D. HARRIS		Male	May 13, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. Negro	50. 82	6. May 1, 1886	70. Marion
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7. Hannibal		71. 519 N. 9th. Street	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri	9. U.S.A.	10. Married	11. Leonora B. Harris
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. 488-18-5153	130. Laborer		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)
140. Missouri	140. Marion	140. Hannibal	140. yes
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Daniel Harris		16. Amanda Bell	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
170. Mrs. Sam C. Houston		170. 310 N. Gallatin Liberty, Missouri	
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Smoke Suffocation			
DUE TO, OR AS A CONSEQUENCE OF:			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
(b) House afire			
DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)
			170. no
			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
			170.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
200. Accident	200. May 13, 1968	200. 12:59 A.M.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
200.	200.	200. 519 N 9th. Street Hannibal, Missouri	
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.
210. ATTENDED THE DECEASED FROM	210. TO	210.	210. did
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR
220.		12:59 A.M.	220. May 13 1968
CERTIFIER—NAME (TYPE OF PRINT)		SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
230. Wesley E. Bross Acting Coroner		230. Wesley E. Bross - Acting Coroner	230. May 14, 1968
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE
230. Marion County Court House		230. Hannibal	230. Missouri
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
240. Burial	240. Fairview Cemetery	240. Liberty, Missouri	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
240. May 16, 1968	240. Robinson Mortuary 1218 Broadway Hannibal, Missouri 63401		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
250. Edward E. Robinson	260. Mrs. Helen Carlson R.R. 2	260. May 14, 1968	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

by Lilian M. Herman

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 _____

Signed Edward E. Robinson

Signature of Student Embalmer

Edward E. Robinson

Licensed Embalmer No. 7999

P. O. Address Hannibal, Missouri

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.

Edward E. Robinson

Edmund E. Robinson 5-14-68