

DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 42339

Registrar's No. 10615

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 42339		Registrar's No. 10615	
1. PLACE OF DEATH a. COUNTY				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		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3210a Easton Ave.				d. STREET ADDRESS (If rural, give location) 3210a Easton Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Wesley c. (Last) Harris			4. DATE OF DEATH (Month) (Day) (Year) Dec. 10 1950						
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 15, 1891		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 25	IF UNDER 1 HR. Hours 25	IF UNDER 1 HR. Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaner & Spoter			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cornerstone, Arkansas			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Zachary Harris			13b. MOTHER'S MAIDEN NAME Frances ?		14. NAME OF HUSBAND OR WIFE Savannah Harris				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. W. W. / 497-03-0098		17. INFORMANT'S SIGNATURE OR NAME Savannah Harris		ADDRESS 3210a Easton Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>									
ANTECEDENT CAUSES									
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
DUE TO (b) <u>ARTERIO SCLEROSIS</u>									
DUE TO (c)									
II. OTHER SIGNIFICANT CONDITIONS									
Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPERTENSION</u>									
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? H201					
22. I hereby certify that I attended the deceased from <u>Dec 2, 1950</u> to <u>Dec 10, 1950</u> , that I last saw the deceased alive on <u>Dec 9, 1950</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles Cleaver MD</u>				23b. ADDRESS <u>2316 Market</u>			23c. DATE SIGNED <u>12-11-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>12-15-1950</u>		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.			
DATE REC'D BY LOCAL REG. DEC 12 1950		REGISTRAR'S SIGNATURE <u>J. H. Randle</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell Ave.				

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

APR 17 1951

MAY 1 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. 2698

P. O. Address 2769 Chouette

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.