

STANDARD CERTIFICATE OF DEATH

State File No. 8126

400  
1  
MAR 25 1952

REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 50

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

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Grundy</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>                       |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Jamesport (rural)</b> )  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jamesport (rural)</b> <b>0400</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Route # 2</b>  |   | d. STREET ADDRESS (If rural, give location) <b>Route # 2</b> <b>0</b>  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Jesse</b>  |   | a. (First) <b>Benton</b> b. (Middle) <b>Harris</b> c. (Last)   |  |
| 4. DATE OF DEATH <b>March 17, 1952</b>   |   | (Month) (Day) (Year)   |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>  | 8. DATE OF BIRTH <b>Nov. 7, 1888</b>   |
| 9. AGE (In years) <b>63</b> (If under 1 year last birthday) Months <b>4</b> Days <b>10</b> Hours Min.  |   | 11. BIRTHPLACE (State or foreign country) <b>Grundy County, Missouri</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farmer</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>   |  |
| 11. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  |
| 13a. FATHER'S NAME <b>Andrew Harris</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Rosetta Weathersby</b>  |  |
| 14. NAME OF HUSBAND OR WIFE <b>None</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)   |  |
| 16. SOCIAL SECURITY NO. <b>NO</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Tim Harris, Trenton, Missouri</b> ADDRESS   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.              |   | MEDICAL CERTIFICATION<br><b>Strangulation by Hanging</b><br>INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulation by Hanging</b>   |   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION <b>E974-X</b>  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Barn</b>              | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jamesport, Grundy - MO</b>  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-17-1952 11:00 am</b>  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR <b>hung himself in the barn by rope - found at 12 noon</b>   |  |
| 22. I hereby certify that I attended the deceased from <b>as coroner, on 3-17-1952</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:00 noon</b> , from the causes and on the date stated above. |   |  |  |
| 23a. SIGNATURE (Degree or title) <b>Tim Harris MD Coroner</b>  |   | 23b. ADDRESS <b>Trenton, Missouri</b>  | 23c. DATE SIGNED <b>3-19-1952</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 24b. DATE <b>3-20-52</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Matt Green Cemetery</b>  | 24d. LOCATION (City, town, or county) (State) <b>Hickory Creek, Mo.</b>          |
| DATE REC'D BY LOCAL REG. <b>3-20-52</b>  | REGISTRAR'S SIGNATURE <b>Jene Jai</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gipson-Ovler, Trenton, Missouri</b>  |  |

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 Maurice Oyles.....

Licensed Embalmer No. 4442.....

P. O. Address Trenton, 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.