

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **16915**

No. 300
10.48

FILED MAY 28 1953

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **176**

1. PLACE OF DEATH a. COUNTY Adair 0013		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Adair 0013	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville 0	
c. LENGTH OF STAY (in this place) 8 mo.		d. STREET ADDRESS (If rural, give location) 1616 S. Orchard	
d. FULL NAME OF HOSPITAL OR INSTITUTION Anna Still Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Perry c. (Last) Harris			4. DATE OF DEATH (Month) (Day) (Year) 5 20 53		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 31, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farm		11. BIRTHPLACE (State or foreign country) Mo.	
12. CITIZEN OF WHAT COUNTRY? USA.					

13a. FATHER'S NAME John Harris		13b. MOTHER'S MAIDEN NAME Amy Prough		14. NAME OF HUSBAND OR WIFE Etta M. Jones Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Etta Harris, Kirkville, Mo. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia & hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic toxemia & prostatic		
	DUE TO (c) Hypertension & arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 447 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)	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 **5/16/1953** to **5/20/1953** that I last saw the deceased alive on **5/20/1953**, and that death occurred at **7 1/2 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James A. Keller, D.O.	23b. ADDRESS K.O.H. Newville, Mo.	23c. DATE SIGNED 5-21-53
24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial	24b. DATE 5-23-53	24c. NAME OF CEMETERY OR CREMATORY Highland Park Cem.
24d. LOCATION (City, town, or county) (State) Kirkville, Mo.		

DATE REC'D BY LOCAL REG. 5-23-53	REGISTRAR'S SIGNATURE Walter Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Harris, Kirkville, Mo. ADDRESS
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

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

Robert B. Hayes

Signed.....
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.