

FILED OCT 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30518**

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oregon b. COUNTY Douglas					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Forest Twp		c. LENGTH OF STAY (in this place) 2 mos.		c. CITY OR TOWN Oakland		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) LOIS			b. (Middle) PEARL		c. (Last) HARRIS		4. DATE OF DEATH (Month) (Day) (Year) Sept. 24 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 2, 1931		9. AGE (In years last birthday) 25 IF UNDER 1 YEAR: Months 6 Days 22 IF UNDER 6 HRS. Hours _____ 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 Foreign Country) Pleasanton, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harold Whalen			13b. MOTHER'S MAIDEN NAME Hava Clampitt			14. NAME OF HUSBAND OR WIFE Carl 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. 510-26-8761		17. INFORMANT'S SIGNATURE OR NAME Harold Whalen ADDRESS Forest City, Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS ANTECEDENT CAUSES DUPLICATE TO (b) CARCINOMA RT Ovary DUPLICATE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH 2 months UNKNOWN	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 175X						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) _____		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 Sept 24, 1956 , to Sept 27, 1956 , that I last saw the deceased alive on Sept 24, 1956 , and that death occurred at 11:00 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James J. Sweaney M.D.				23b. ADDRESS Oregon, Missouri		23c. DATE SIGNED 9/25/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/26/56		24c. NAME OF CEMETERY OR CREMATORY Home Cemetery		24d. LOCATION (City, town, or county) (State) Tarkio, Missouri			
DATE REC'D BY LOCAL REG. 9-29-1956		REGISTRAR'S SIGNATURE James H. Crawford		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettijohn		ADDRESS Oregon, Mo.			

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

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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 *James H. Pettigaher*
Licensed Embalmer No. *3192*
P. O. Address *Oregon 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.