

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. 10-1-1961 JAN 25 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 116 STATE FILE NUMBER 61-3153

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>			Length of stay in 1b <u>5 Days</u>		c. CITY OR TOWN <u>Creve Coeur</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital,</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>817 Mary Meadows</u>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		5. AGE (last birthday)
First <u>John</u> Middle <u>Tyler</u> Last <u>Harris</u>			Month <u>January</u> Day <u>4</u> Year <u>1961</u>		IF UNDER 1 YEAR IF UNDER 24 HR
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-26-1923</u>	9. AGE (last birthday) <u>37</u>	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
<u>Mechanical Engineer-Monsanto Chemical Co.</u>		<u>Coffeyville, Kan.</u>		<u>U.S.A.</u>	
13a. FATHER'S NAME <u>Franklin Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Tyler</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Dorothy Harris, 817 Mary Meadows Creve Coeur, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured Spleen and Liver, Sustained</u> <u>when deceased jumped from window to</u> <u>75' fall hospital room, Missouri, 1961, while suffering</u> <u>from a</u> DUE TO (b) <u>unknown disease of brain</u> DUE TO (c) <u>accident</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>978x</u> <u>see above</u>	
20c. TIME OF INJURY <u>4:35</u> Hour a.m. p.m. Month, Day, Year <u>1-4-61</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u>	
20f. CITY, TOWN, OR LOCATION <u>St Louis, Mo</u>		20g. COUNTY <u>St Louis, Mo</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Joseph M. Truman, M.D.</u>			22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>1-6-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>1-7-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Johnson County Memorial City Cemetery - Gardens - Leona, Kansas</u>	
23d. LOCATION (City, town, or county) (State) <u>Johnson County, Kansas</u>		24. FUNERAL DIRECTOR <u>C. R. Kupton & Sons, St. Louis, Mo.</u>		25. DATE REG. BY LOCAL REG. REGISTRAR'S SIGNATURE <u>JAN 5 1961</u> <u>Walter Smith, M.D.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF DOCUMENT
 MEDICAL CERTIFICATION
 Items #18 A, B & C amended by affidavit from coroner 10-21-65.
 Items #1b & 16 corrected by an affidavit from the informant 7-23-69.
 Items #23c and D corrected by an affidavit from the funeral home 7-23-69.

JUN 7 1962

JAN 26 1961

Miss City

G e r e

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 Clarence A. Murr

Licensed Embalmer No. 4011

P. O. Address St. Louis,

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.