

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021671
STATE FILE NUMBER

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5440**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 7 1963

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Cherryville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Parkside Manor Nursing Home		d. STREET ADDRESS (If outside, give location) Cherryville, Mo.	
Length of stay in lb		Inside Limits (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type, or print) First John Middle Alexander Last Harris			4. DATE OF DEATH Month May Day 20 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/1884	9. AGE (last birthday) 79	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 Farming		11. BIRTHPLACE (City and state or country) Cherryville, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME John A. Harris		13b. MOTHER'S MAIDEN NAME Jane Eaton	
14. NAME OF HUSBAND OR WIFE Ida		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.	
17. INFORMANT Delmar Harris, 9638 Gallop		18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation DUE TO (b) Primary Heart Disease DUE TO (c) Generalized arteriosclerosis & Senile eyes		INTERVAL BETWEEN ONSET AND DEATH 7 days	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nemphema Lt side + Incarcerated Nephritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Give nature of injury in PART I or PART II of item 18.) (Indiscernible)	
20c. TIME OF INJURY Hour 4:20 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Leasburg, Mo.	COUNTY	STATE
--	--	--------	-------

21. I attended the deceased from **15 May 63** to **20 May 63** and last saw him alive on **16 May 63**.
Death occurred at **1:40 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George W. Milligan	(Degree or title)	22b. ADDRESS 4501^a Manchester	22c. DATE SIGNED 28 May 63
---	-------------------	--	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-21-63	23c. NAME OF CEMETERY OR CREMATORY Cross Roads Cemetery	23d. LOCATION (City, town, or county) Leasburg, Mo.
24. FUNERAL DIRECTOR Halbert Funeral Home, Steelville, Mo.		25. DATE RECD. BY LOCAL REG. 5-21-1963	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

VS 300 Rev. 4/59
1
2025088
3
4 0
5 2
6
7 0
8 2
9
10
11
12 86-0
13

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

86

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 J. Wm. Binkley
Licensed Embalmer No. 13653

P. O. Address St. Louis, 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.