

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047353

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 206

FILED JAN 2 1964

VS 300 Rev. 4/59	DATE AMENDED	
0201	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
20200	INSTEAD OF	
3	DOCUMENT	
4 0	MEDICAL CERTIFICATION	
5 1	BY AFFIDAVIT OF	
6		
7 1		
8 0		
9 1/200		
10		
11		
12 1-0		
13 1-0		
ITEM NO.	SHOULD READ	

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs		c. CITY OR TOWN El Dorado Springs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Co. Memorial Hospital		d. STREET ADDRESS (If outside, give location) R.F.D. #5	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES MONROE HARRIS		4. DATE OF DEATH Month Day Year Dec. 30, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-1-97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY Painting & Paper	11. BIRTHPLACE (City and state or country) Richland, Iowa
13a. FATHER'S NAME James Harris		13b. MOTHER'S MAIDEN NAME Laura Dowell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		17. INFORMANT Address Mrs. Grace L. Harris, El Dorado Springs, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary Artery Thrombosis DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Possible Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH 8 days. 8 days. Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from 4 A.M. 12/30/63 to 5 A.M. 12/30/63 and last saw him alive on 12/30/63 . Death occurred at 5 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Whit Stewart M.D.		22b. ADDRESS 6085 Minn., El Dorado Springs, Mo.	
22c. DATE SIGNED 12/31/63		22d. DATE SIGNED (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-1-1964	
23c. NAME OF CEMETERY OR CREMATORY Stockton City Cem.		23d. LOCATION (City, town, or county) Stockton, Mo.	
24. FUNERAL DIRECTOR Carlton Tom Home, Stockton, Mo.		25. DATE RECD. BY LOCAL REG. 12-31-63	
26. REGISTRAR'S SIGNATURE Jac E. Humberger M.D.			

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 John A. Cantton

Licensed Embalmer No. 4387

P. O. Address Stocketon, Md.

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.

no permit returned