MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

66 0042467
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 391

FILED OCT 31 1966

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0945
2 0946
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Curtis St.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Francois
c. CITY OR TOWN Farmingt on
Inside Limits Yes ☐ No ☐ X
d. STREET ADDRESS (If outside, give location) Curtis St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Julia Middle Grace Last Harris
4. DATE OF DEATH Month Oct. Day 22, Year 1966
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10/24/1885
9. AGE (last birthday) 80
IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 Housewife
11. BIRTHPLACE (City and state or country) Bismark, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Neay
13b. MOTHER'S MAIDEN NAME Emaline Beard
14. NAME OF HUSBAND OR WIFE Widowed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Harold Triplett Farmington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis –
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ca. of Lung
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH unknown

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____, to ____ and last saw her him alive on 10-22-66
Death occurred at 5:40 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dayne C. Cunningham M.D.
22b. ADDRESS Farmington Mo
22c. DATE SIGNED 10-24-66

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/25/66
23c. NAME OF CEMETERY OR CREMATORY Hamilton Cemetery
23d. LOCATION (City, town, or county) (State) Near Bismarck Mo.

24. FUNERAL DIRECTOR ADDRESS C.H. Cozean Farmington, Mo.
25. DATE RECD. BY LOCAL REG. Oct. 24, 1966
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 6 1966

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 C A Cozean

Licensed Embalmer No. 4084

P. O. Address Jamestown 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.