

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12972

BIRTH NO. _____		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 3035		Registrar's No. 34		
1. PLACE OF DEATH a. COUNTY <u>LAFAETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAETTE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		5/8		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTH 24TH ST.</u>				d. STREET ADDRESS (If rural, give location) <u>SOUTH 24TH ST</u>				
3. NAME OF DECEASED a. (First) <u>BENJAMIN</u>			b. (Middle) <u>F</u>		c. (Last) <u>HARRISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3/16/1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>8/5/1860</u>	9. AGE (In years last birthday) <u>88</u>	# UNDER 1 YEAR <u>7</u>	# UNDER 6 MOS. <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>NEBASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JIM HARRISON</u>			13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MARY PENNWARE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS E. V. NEAL LEXINGTON MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH	
		2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MA</u>						
		DUE TO (c) <u>MA</u>						
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4201	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>				
22. I hereby certify that I attended the deceased from <u>3/16, 1949</u> to <u>3/16, 1949</u> that I last saw the deceased alive on <u>2/16, 1949</u> and that death occurred at <u>11 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ben H. Brasher M.D.</u>				23b. ADDRESS <u>Lexington Mo</u>		23c. DATE SIGNED <u>3/7/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAGDELAB.</u>		24d. LOCATION (City, town, or county) (State) <u>LEXINGTON, MO</u>		
DATE REC'D. BY LOCAL REG. <u>4/9/49</u>		REGISTRAR'S SIGNATURE <u>Missouri Educational</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FORREST F. TEMPLE</u>		ADDRESS <u>LEX. MO</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-10-49.....

Bush

S-8990

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
Student Embalmer

Signed *Shea M. Keane*.....

Licensed Embalmer No. 3983.....

P. O. Address Levington, Tex......

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 this body is not embalmed, fact should be so stated above.