

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13143

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5180</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Miller</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Miller</u>		b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eterville</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eterville</u>		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>William Ranson</u>		b. (Middle) <u>Harbison</u>		c. (Last) <u>Harbison</u>		4. DATE OF DEATH <u>May 3, 1949</u>	
(Type or Print)							
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>Sept. 26, 1859</u>	
9. AGE (In years last birthday) <u>89</u>		10. UNDER 1 YEAR Months <u>7</u>		10. UNDER 1 YEAR Days <u>7</u>		10. UNDER 1 YEAR Hours <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miller Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William R. Harbison</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Butcher</u>		14. NAME OF HUSBAND OR WIFE <u>Zelphia A. Harbison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Homer Crane</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>✓ Bronchial Pneumonia</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Pathology of old age</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>Apr 25, 1949</u> , to <u>May 3, 1949</u> , that I last saw the deceased alive on <u>May 3, 1949</u> , and that death occurred at <u>4:25A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E.O. Shelton M.D.</u>				23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED <u>May 4 '49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 5, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 4, 1949</u>		REGISTRAR'S SIGNATURE <u>Adelarratta Walt</u>		1949 FUND. DIRECTOR'S SIGNATURE <u>James D. Phillips</u>		ADDRESS <u>Eldon</u>	

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

RECEIVED
District Health Officer No. 9,
District File Number ~~MAY 11 1949~~
Date Filed _____

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 _____

Leo H. Whitaker

Student Embalmer No. *314*

working under my personal supervision.

Student *Leo H. Whitaker*
Student Embalmer

Signed *Louis A. Phillips*
Licensed Embalmer No. *3663*

P. O. Address *Eldon, 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 this body is not embalmed, fact should be so stated above.