

FILED AUG 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24362

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-BUFFALO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-BUFFALO</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>RR #2 - LOUISIANA, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #2, LOUISIANA, MO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MITCHELL</u> b. (Middle) <u>WALTER</u> c. (Last) <u>HARRISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 30, 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>FEB. 12, 1852</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>97</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NURSERY MAN</u>	
11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>NURSERY</u>	

13a. FATHER'S NAME <u>WILLIAM C. HARRISON</u>		13b. MOTHER'S MAIDEN NAME <u>CARINTHA BELL</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH HARRISON</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILLIAM C. HARRISON - LOUISIANA, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		DUE TO (b) _____			794
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7/28, 1949, to 7/30, 1949, that I last saw the deceased alive on 7/30, 1949, and that death occurred at 7:07 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles P. Luellen M.D.</u>		23b. ADDRESS <u>Louisiana, Mo.</u>		23c. DATE SIGNED <u>8/2/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO.</u>					

DATE REC'D BY LOCAL REG. <u>Aug 2, 1949</u>		REGISTRAR'S SIGNATURE <u>Bernice Calliver</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Halay Mortuary, Louisiana, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

82000

RECEIVED AUG 8 1949
District Health Officer No. 1
Case File Number 8-49-1
Date Filed AUG 8 1949

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 Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.