No. 300
10.48

FILED OCT 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33045

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1067

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ambulance
c. LENGTH OF STAY (in this place): 5 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mission
d. STREET ADDRESS (If rural, give location): 5000 W. 55th St.

3. NAME OF DECEASED (Type or Print)
a. (First): GLEN
b. (Middle): W.
c. (Last): HARRISON

4. DATE OF DEATH (Month) 9 (Day) 29 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-21-1913
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Beaux Art Photo Shop
11. BIRTHPLACE (State or foreign country): Salem, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J.T. Harrison
13b. MOTHER'S MAIDEN NAME: Johnnie H. Smith
14. NAME OF HUSBAND OR WIFE: Mable Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. # II
16. SOCIAL SECURITY NO.: 408-28-9305
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mable Harrison, Same as above.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing Injury of Chest — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Internal Hemorrhage of Chest — 1 day
DUE TO (c) Man was fatally injured when the automobile he was driving ran into the rear end of an oil truck while driving South on Highway #71 four miles south of Faucett Mo. — E 9/1/66

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 2 do.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: South on Highway #71 four miles south of Faucett Mo.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Highway #71
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Buchanan, Mo. 131
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 29, 1949 10½ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Collided With an Oil truck

22. *I hereby certify that I* ~~[illegible]~~ Viewed *the deceased from* on 9/29, 1949, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H F Mundy M D (Coroner)
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 9/30/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-3-1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cem.
24d. LOCATION (City, town, or county) (State): Hickman Mills, Mo.

DATE REC'D BY LOCAL REG.: Oct. 11, 1949
REGISTRAR'S SIGNATURE: E. C. Jenkins 392
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: John E. Kupp St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 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 342 Allin E. Bazan, Student Embalmer No. 342, working under my personal supervision.

Student Allin E. Bazan
Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.