

FILED NOV 4 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33373
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Cooper Co., Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair Co., Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kukukville Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boonville Hospital</u>		-d. STREET ADDRESS (If rural, give location) <u>city</u>	

3. NAME OF DECEASED a. (First) <u>Ronald Allen</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Harrison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct - 25 - 1949</u>		
---	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 18 - 1923</u>	9. AGE (In years last birthday) <u>26</u>	if UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	if UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
-----------------------	----------------------------------	--	---	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>air school</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Store of Business</u>	11. BIRTHPLACE (State or foreign country) <u>Manitoba Canada</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	---	---

13a. FATHER'S NAME <u>Walter Harrison</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Hamilton</u>	14. NAME OF MARRIED OR WIFE <u>Ma Wana Harrison</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY (If yes, give no. or dates of service) <u>1943 to 1946 488-24-8292</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Harrison</u>	ADDRESS <u>Howard 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>0 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull Fracture</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Injury</u> DUE TO (c) <u>Airplane Crash</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E862 39	

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Howard</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Howard Mo.</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 25 49 6 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Airplane Crash</u>
---	---	---

22. I hereby certify that I attended the deceased from 10/25/49, 1949, that I last saw the deceased alive on 10/25/49, 1949 and that death occurred at Howard Mo., from the causes and on the date stated above.

23a. SIGNATURE <u>M. H. DeLooper</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Boonville Mo.</u>	23c. DATE SIGNED <u>10/26/49</u>
---	-------------------------------	--------------------------------------	-------------------------------------

24a. BURIAL CEMETERY, TIME OF BURIAL (Specify) <u>La Plata</u>	24b. DATE <u>10-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>	24d. LOCATION (City, town, or county) (State) <u>La Plata Mo.</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>10-29-49</u>	REGISTRAR'S SIGNATURE <u>DeLooper</u>	3810	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. S. Christie</u>	ADDRESS <u>La Plata Mo.</u>
---	--	------	---	--------------------------------

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

27
2

RECEIVED OCT 31
District Health Officer No. 8,

District File Number _____

Date Filed 11-3-49

NOV 29 1949

NOV 10 1949

JUN 24 1953

MAY 19 1950

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.