

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33851

State File No. _____

FILED OCT 22 1949

4274

BIRTH NO. _____		REG. DIST. NO. <u>147</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City, Mo.</u>)			c. LENGTH OF STAY (In this place) <u>1 week.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (8 Mi E. Holden, Mo.)</u>			d. STREET ADDRESS (If rural, give location) <u>RFD Centerview, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>RFD Centerview, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WARREN</u>		b. (Middle) <u>*</u>		c. (Last) <u>HARRISON</u>	
4. DATE OF DEATH		(Month) <u>October</u>		(Day) <u>1</u>		(Year) <u>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>May 1, 1886</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</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 <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Bates County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>James Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Edwards</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Moore 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>530-07-7726</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Moore Harrison, Centerview, 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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>	ANTECEDENT CAUSES DUE TO (b) <u>Coronary Thrombosis</u>					<u>2 hours</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Coronary Arteriosclerosis</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>8 hrs.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		
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 <u>9-25</u> , 19 <u>49</u> , to <u>Oct 1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 1</u> , 19 <u>49</u> , and that death occurred at <u>10 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. Landis Elliott</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>1418 Perryman Blvd.</u>		23c. DATE SIGNED <u>Oct 3, 49</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>10-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Houston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10-6-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. B. CAST, HOLDEN MO.</u>			

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

OCT 24 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 EB Cast _____

Licensed Embalmer No. 4059 _____

P. O. Address Hollis, 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.