

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37925

State File No.

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5738 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata - La Plata Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural La Plata Twp. Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>La Plata R#4</u>	
3. NAME OF DECEASED a. (First) <u>Ernest</u> b. (Middle) <u>Joseph B.</u> c. (Last) <u>Harrison</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 22 1949</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 20 1878</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Macon Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Harrison</u>	
13b. MOTHER'S MAIDEN NAME <u>Frances Redman</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer Bell Harrison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. B. Stokes, M.D.</u>		ADDRESS <u>Cedar Rapids, Ia.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>H</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Contusions + abrasions legs + feet left shoulder</u>	
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>La Plata, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>La Plata Macon Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 22 1949 2:35 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fran hit on R.R. crossing</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:35 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. B. Stokes, M.D. Coroner</u>		23b. ADDRESS <u>Excelsior, Mo.</u>	
23c. DATE SIGNED <u>11/22/49</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>	
24d. LOCATION (City, town, or county) (State) <u>La Plata Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. S. Christie La Plata Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 25 - 49</u>		REGISTRAR'S SIGNATURE <u>Mo O. B. Griffin</u>	

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

RECEIVED 12/1/49
MACON COUNTY HEALTH DEPARTMENT
County File No. 12/49/48.....
Date Filed 12/12/49.....

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.