

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 388

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5140</u>		Registrar's No. <u>21</u>		
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b> <u>112</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural...Epps.Twp</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural....Epps Twp.</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7 miles N.W. of P.B.</b>				d. STREET ADDRESS (If rural, give location) <b>7 miles N.W. of P.B.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>DOROTHY</b> b. (Middle) <b>D.</b> c. (Last) <b>HARRISON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 7, 1950</b>					
5. SEX <b>Female/</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>		8. DATE OF BIRTH <b>Apr. 25, 1900</b>		
				9. AGE (in years last birthday) <b>49</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>12</b>		
				IF UNDER 24 HRS. Hours <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cassville, Mo. ()</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>E.C. Faulk</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Alfred L. Harrison</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gerald Harrison...Butler Co., Mo.</b>			
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) <b>Lobar pneumonia</b>  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.					INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8.A</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Chover W. Greer</b> (Degree or title) <b>3</b>				23b. ADDRESS <b>Poplar Bluff Mo</b>		23c. DATE SIGNED <b>1/11-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/12/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Jan 13 1950</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>FRANK-COTRELL</b>		ADDRESS <b>Poplar Bluff, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

150-24  
JAN 16 RECD

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**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 A. Keeber.....

Licensed Embalmer No. 4752.....

P. O. Address Poplar Bluff, 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.