

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20039

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5333 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>Howell</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>rural, Mtn View, Mo</b>		c. LENGTH OF STAY (in this place) <b>7 Years</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Mountain view, Mo</b>		045
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NO</b>			d. STREET ADDRESS (If rural, give location) <b>rural Chapel Truf</b>		

3. NAME OF DECEASED (Type or Print) <b>Martha Dell Harrison</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 18 1950</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Sept 6 1898</b>	
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Lebanon Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				

13a. FATHER'S NAME <b>Ed Harrison</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Mitchell</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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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. <b>335-07-6123</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Agnes Guile</b>		ADDRESS <b>Mtn view, Mo</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombus</b>				INTERVAL BETWEEN ONSET AND DEATH	
		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.				1201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 6/18, 1950, to 6/18, 1950, that I last saw the deceased alive on 6/18, 1950, and that death occurred at 10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>James R. Shaffer</b>		(Degree or title) <b>retired</b>		23b. ADDRESS <b>retired</b>		23c. DATE SIGNED <b>6/23/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 20-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mtn View, Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Mountain View, Mo</b>	
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DATE REC'D BY LOCAL HEALTH DEPT. <b>6-23-50</b>		REGISTRAR'S SIGNATURE <b>Laura Mitchell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan Funeral home</b>		ADDRESS <b>Mtn view, Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

045

650-731  
DISTRICT HEALTH OFFICE #6  
MONETT, MISSOURI

Rec'd 6-30-50

AUG 12 1952

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

*John F. Luman*

Licensed Embalmer No. 2576

P. O. Address Monett, Mo. Mrs. Luman

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.