

FILED FEB 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4259

0270

REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3144 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Pilot Grove</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Pilot Grove</i>	
c. LENGTH OF STAY (In this place) <i>97</i>		d. STREET ADDRESS (If rural, give location) <i>College Avenue</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pilot Grove</i>		d. STREET ADDRESS (If rural, give location) <i>College Avenue</i>	
3. NAME OF DECEASED (First) (Middle) (Last) <i>REGIS ALEXANDER HARRIMAN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 10 1951</i>	
5. SEX <i>MO</i>		6. COLOR OR RACE <i>W</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Sept 18 1888</i>	
9. AGE (In years last birthday) <i>62</i>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Same</i>	
11. PLACE OF BIRTH (State or foreign country) <i>Pilot Grove Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William Harriman</i>		13b. MOTHER'S MAIDEN NAME <i>Caroline Mayo</i>	
14. NAME OF HUSBAND OR WIFE <i>Frances M. Harriman</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Marjorie Steen</i>	
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) <i>Coronary arterio sclerosis. 98 yrs</i> INTERVAL BETWEEN ONSET AND DEATH: <i>gradual</i> 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.	
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 <i>1930</i> , to <i>Feb 10, 1951</i> , that I last saw the deceased alive on <i>Feb 10, 1951</i> , and that death occurred at <i>12:15 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Chas. Lindy MD</i>		23b. ADDRESS <i>Pilot Grove Mo</i>	
23c. DATE SIGNED <i>2-11-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>2-12-51</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>St. Vermer Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Pilot Grove Mo</i>	
DATE REC'D BY LOCAL REG. <i>2-12-51</i>		REGISTRAR'S SIGNATURE <i>D. Cooper</i> 381	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Hays & Painter</i>		ADDRESS <i>Pilot Grove Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED J-19-51
DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-19-51

APR 28 1951

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Rayton E. Hayes

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, 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.