

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5417

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY MONITEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO	
b. CITY (If outside corporate limits, write RURAL and give township) FORTUNA		b. COUNTY MONITEAU	
c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) FORTUNA 0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION NO STREET ADDRESS		d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) O	c. (Last) HARRISON	4. DATE OF DEATH (Month) (Day) (Year) 3-3-1951
-------------------------------------	---------------------------	----------------------	---------------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 1-31-1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MRS. Min.
--------------------	-------------------------------	--	-----------------------------------	---	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER-CARRIER	10b. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (State or foreign country) AKINSVILLE-MORGAN CO. U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME ASA-HARRISON	13b. MOTHER'S MAIDEN NAME NANCY MCDANIEL	14. NAME OF HUSBAND OR WIFE SINGLE
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Willie Rinzel	ADDRESS Fortuna Mo
---	-------------------------------------	--	---------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week 2 weeks 331X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage		
	DUE TO (c) Advanced arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			

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) (m.)	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 Feb. 16, 1951, to March 2, 1951, that I last saw the deceased alive on Feb. 28, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Jack Gunn md. (Degree or title)	23b. ADDRESS Jersailles, Mo.	23c. DATE SIGNED March 3, 1951
---	-------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-3-51	24c. NAME OF CEMETERY OR CREMATORY SYRACUSE-CRM.	24d. LOCATION (City, town, or county) (State) SYRACUSE MO
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. Mar. 6-1951	REGISTRAR'S SIGNATURE Mrs. Maude Hudson	FUNERAL DIRECTOR'S SIGNATURE Jessica E. Richard	ADDRESS Linton MO
---	--	--	--------------------------

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

680

RECEIVED 3-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 3-13-51

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

Jessie E. Richard

Licensed Embalmer No. *2466*

P. O. Address *Lipton, 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.