

FILED APR 25 1951

STANDARD CERTIFICATE OF DEATH

4176 State File No. 12109

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BIRTH NO. _____		REG. DIST. NO. 104		PRIMARY REG. DIST. NO. _____		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>NEW KADDDIO</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parma</u>		OR TOWN <u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>Thomas</u>			c. (Last) <u>Harrison</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 16 - 51</u>		5. SEX <u>M.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Mar-11-1860</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done throughout most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Stone Fort, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jackson Harrison</u>			13b. MOTHER'S MARDEN NAME <u>Elizabeth Thorne</u>			14. NAME OR HUSBAND OF WIFE <u>Winnie Harrison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Winnie Harrison</u>		ADDRESS <u>Parma, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>pleurisy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
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) <u>4500</u>			
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 <u>April 10, 1951</u> , to <u>April 16, 1951</u> , that I last saw the deceased alive on <u>April 16, 1951</u> , and that death occurred at <u>?</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Bailey M.D.</u> (Degree or title)				23b. ADDRESS <u>Malden, Mo.</u>		23c. DATE SIGNED <u>4/19/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4/17/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parma</u>		24d. LOCATION (City, town, or county) (State) <u>Parma, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-21-1951</u>		REGISTRAR'S SIGNATURE <u>J. D. Schaeffer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Funeral Service</u>		ADDRESS <u>Parma, Mo.</u>	

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

RECEIVED BUNKLIN COUNTY HEALTH
DEPARTMENT 4-23-51
COUNTY FILE NUMBER 451-116

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 Walter Mark Walker

Licensed Embalmer No. 4717

P. O. Address Porter, 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.