

FILED JUN 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1713

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 489		
1. PLACE OF DEATH a. COUNTY Leckle				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Leckle				
b. CITY OR TOWN Lebanon		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY OR TOWN Lebanon		0532		
d. FULL NAME OF HOSPITAL OR INSTITUTION 105 N. Washington				d. STREET ADDRESS (If rural, give location) 105 N Washington				
3. NAME OF DECEASED (Type or Print) Lee			a. (First) DAVIS		b. (Middle) Harrison		c. (Last) Harrison	
4. DATE OF DEATH		(Month) May		(Day) 30		(Year) 1951		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH Mar 10 1865		
9. AGE (in years last birthday) 86		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ELTON KY. 1		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Harrison			13b. MOTHER'S MAIDEN NAME <del>Step</del> Unknum			14. NAME OF HUSBAND OR WIFE Flora Deago Harrison		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bill Book				
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) Acute Hepatitis				INTERVAL BETWEEN ONSET AND DEATH 2 wks		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				580T		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis.						
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 June 25, 1948, to May 30, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 9:30 P.M., from the causes and on the date stated above.								
23a. SIGNATURE Paula Jenkins MD				(Degree or title) Knight Bldg.		23b. ADDRESS		
23c. DATE SIGNED June 2, 1951		23d. NAME OF CEMETERY OR CREMATORY		23e. LOCATION (City, town, or county) (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/2/51		23c. NAME OF CEMETERY OR CREMATORY Lebanon		23d. LOCATION (City, town, or county) (State) Lebanon Mo.		
DATE REC'D BY LOCAL REG. June 3-1951		REGISTRAR'S SIGNATURE Stella L. Gray		424		25. FUNERAL DIRECTOR'S SIGNATURE Address Palmer Lebanon Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

300  
10.48532  
1

OCT 19 1951

OCT 10 1951

OCT 7 1951

JUN 9 1951

Received .....

Laclede County Health Unit

File No. 6-51-82 .....

Date Filed JUN 11 1951 .....

JUN 22 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.

Student Embalmer No. ....

Signed Stanley B. Palmer

Signed.....  
Student Embalmer

Licensed Embalmer No. 4810

P. O. Address Lebanon 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.