

FILED NOV 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32987**

BIRTH NO.		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 281
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		
c. LENGTH OF STAY (In this place) 0yrs		d. STREET ADDRESS (If rural, give location) 1214 Moreland Avenue		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosnital				
3. NAME OF DECEASED (Type or Print) a. (First) Donnan		b. (Middle) Ross		c. (Last) Harrison
4. DATE OF DEATH (Month) (Day) (Year) Nov 1 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct-6-1887	9. AGE (In years last birthday) Months Days 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VPres Bank		10b. KIND OF BUSINESS OR INDUSTRY Banking		11. BIRTHPLACE (State or foreign country) Tuscumbia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.I.				
13a. FATHER'S NAME William Harrison		13b. MOTHER'S MAIDEN NAME Nannie Mercersmith		14. NAME OF HUSBAND OR WIFE Olive Stratton Harrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 486-01-855		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olive S. Harrison, Jefferson City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) Essential Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 444X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 9-24-1949 , to Nov 1, 1951 , that I last saw the deceased alive on Oct 31, 1951 , and that death occurred at 6:00 m. , from the causes and on the date stated above.				
23a. SIGNATURE Carl P. Lud		23b. ADDRESS 425 Madison Jeff. City, Mo		23c. DATE SIGNED 11-3-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Nov-3-1951		24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel of Memories
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. Nov. 3-1951		REGISTRAR'S SIGNATURE R.P. Darrin MS		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Wop. J. Ladm Jefferson City, Mo

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

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed -----

VS JUN 30 1960

JUN 31 1960

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 *Joseph J. Fordm*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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.