

FILED OCT 23 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 33319
Registrar's No. 88

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Harrison</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany mo</u>		c. LENGTH OF STAY (in this place) <u>11 mo</u>		a. STATE <u>mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany mo</u>		c. LENGTH OF STAY (in this place) <u>11 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ply the Dale mo</u>		b. COUNTY <u>Harrison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lacy and Sons</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Cora</u>		b. (Middle) <u>Leita</u>		c. (Last) <u>Harrison</u>	
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>9-1-1866</u>		9. AGE (In years last birthday) <u>85</u>		10. DATE OF BIRTH <u>9-1-1866</u>		11. AGE (In years last birthday) <u>85</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Lafayette mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George O. Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Lennie Shirts</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Harrison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Harrison</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		ANTECEDENT CAUSES				2 weeks	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				1 year	
DUE TO (b) <u>Gen. debility + cachexia</u>		DUE TO (c) <u>Generalized arteriosclerosis</u>				10 yrs.	
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 <u>4500</u>		20. AUTOPSY? YES <input 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 <u>11/28</u> , 19 <u>50</u> , to <u>10-7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-28</u> , 19 <u>51</u> , and that death occurred at <u>8 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leonard R. Lee M.D.</u>				23b. ADDRESS <u>Bethany mo</u>		23c. DATE SIGNED <u>10-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL _____		24b. DATE <u>Oct. 9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>3 M. W. N. Brook mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 10-51</u>		REGISTRAR'S SIGNATURE <u>Zola Burres</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Rogers</u>		ADDRESS <u>Pidway mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 ma

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert R. Boppers

Licensed Embalmer No. B376

P. O. Address Pidjerry 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.