No. 300
10.48

FILED OCT 29 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36174

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 4529 Registrar's No. 169

80
1

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

1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): METZ.
c. LENGTH OF STAY (in this place): 40 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME - METZ.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: VERNON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): METZ. 1080
d. STREET ADDRESS (If rural, give location): WEST METZ

3. NAME OF DECEASED (Type or Print)
a. (First) ELIZABETH
b. (Middle) HARRISON
c. (Last) JOHNSON.

4. DATE OF DEATH (Month) (Day) (Year): OCT - 15 - 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 3
8. DATE OF BIRTH: MARCH-29-1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 6, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE.
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WM. HARRISON.
13b. MOTHER'S MAIDEN NAME: UNKNOWN.
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Dean Johnson - Metz, Mo. — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

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: 443 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1949, *to* Oct 15, 1951, *that I last saw the deceased alive on* Oct 21, 1951, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Rich Hill Mo
23c. DATE SIGNED: Oct 16 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 17-1951
24c. NAME OF CEMETERY OR CREMATORY: PRYOR CREEK.
24d. LOCATION (City, town, or county) (State): METZ, MISSOURI

DATE REC'D BY LOCAL REG.: 10-17-1951
REGISTRAR'S SIGNATURE: Anna E. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE: Booth Funeral Serv. — ADDRESS: Rich Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED OCT 22 [illegible]
Dist. File [illegible]
Date Filed [illegible]

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.....
Student Embalmer

Signed Horace S. Hill

Licensed Embalmer No. 4743

P. O. Address Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.