

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

257

State File No.

FILED JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>44</u> years	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1817 So. 10th St.</u>		d. STREET ADDRESS (If rural, give location) <u>1817 So. 10th St.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>	b. (Middle)	c. (Last) <u>Harrison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 13, 1952</u>
--	-------------	---------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>November 25, 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
--------------------	-------------------------------	--	--	---	------------------------	----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>master plumber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>plumbing</u>	11. BIRTHPLACE (State or foreign country) <u>Buckingham, England</u> <u>4</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	--

13a. FATHER'S NAME <u>Charles H. Harrison</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hennis</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Kate Harrison</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence Harrison</u>	ADDRESS <u>1817 S. 10th, St. Joseph</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 15 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>		
	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 <u>4201</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) (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 1/5/48 to 1/13/52 that I last saw the deceased alive on 1/12, 1952 and that death occurred at 8:50 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Mrs. Redmond</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>1/15/52</u>
---------------------------------------	----------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1/15/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Jan 18, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cast</u>	446	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u>	ADDRESS <u>Funeral Home</u>
---	--	-----	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

WRITE PLAINLY—USING UNFAADING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St. Jersey

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.