

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1994**

FILED FEB 14 1952

BIRTH NO. _____ REG. DIST. NO. **201** PRIMARY REG. DIST. NO. **4315** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Mason County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mason	
b. CITY (If outside corporate limits, write RURAL and give township) La Plata	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) La Plata	0610
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Ann	b. (Middle) E.	c. (Last) Harrison	4. DATE OF DEATH (Month) (Day) (Year) Feb. 2 1952
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 8, 1860
9. AGE (In years last birthday) 92		10. UNDER 1 YEAR Months 2 Days 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	

11. BIRTHPLACE (State or foreign country) Cameron, Ontario, Canada		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James N. Tompkins	13b. MOTHER'S MAIDEN NAME Margaret McCausland	14. NAME OF HUSBAND OR WIFE Jane A. 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. no	17. INFORMANT'S SIGNATURE OR NAME Jane A. Harrison	18. ADDRESS La Plata
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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) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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	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) La Plata Mo.
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 **Jan. 25, 1952**, to **Feb. 2, 1952**, that I last saw the deceased alive on **Feb. 2, 1952**, and that death occurred at **10 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Harold S. Lyle M.D.	(Degree or title)	23b. ADDRESS La Plata Mo.	23c. DATE SIGNED 2/4/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-5-1952	24c. NAME OF CEMETERY OR CREMATORY La Plata	24d. LOCATION (City, town, or county) (State) La Plata Mo.

DATE REC'D BY LOCAL REG. Feb 4 1952	REGISTRAR'S SIGNATURE Mrs. O. B. Griffin	186	25. FUNERAL DIRECTOR'S SIGNATURE Dr. Kusler	ADDRESS La Plata Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0610

RECEIVED 2.11.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 252-28
Data Filed.....

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 D.S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.