

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3567**

FILED JAN 15 1952
BIRTH NO. REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3052** Registrar's No. **8**

972
1

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
c. LENGTH OF STAY (In this place) 2 months		d. STREET ADDRESS (If rural, give location) 305 East Yearby St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 305 East Yearby St.			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Batteal c. (Last) Harrison			4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1952.		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 18, 1874.		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 0 Days 19	
IF UNDER 24 HRS. Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	
11. BIRTHPLACE (State or foreign country) Saline Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME David Harrison		13b. MOTHER'S MAIDEN NAME Mary Hicks		14. NAME OF HUSBAND OR WIFE Lea L. Harrison, Marshall, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Lea L. Harrison, Marshall, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH

II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Edema of chest & body			
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 4222		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 **Jan 5, 1952**, to **Jan 7, 1952** that I last saw the deceased alive on **Jan 7, 1952**, and that death occurred at **10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE John R. Lawrence (Degree or title) M.D.		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED Jan 4 52	
--	--	-----------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 9, 1952.		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Mo.	
---	--	--------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. Jan 2 1952		REGISTRAR'S SIGNATURE Bridget J. Gray		25. FUNERAL DIRECTOR'S SIGNATURE CAMPBELL-LEWIS-MARSHALL-Mo.		ADDRESS	
--	--	--	--	---	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 14 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 14 1952

2018002

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
Student Embalmer

Student Embalmer No. _____

Signed *James N. Lewis* _____

Licensed Embalmer No. *4769* _____

P. O. Address *Marshall, 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.